



1 Pelham Davis Circle, Greenville, SC
 Fax 864-288-7272
 Tel 864-288-8001
 E-mail us-sales@izumiinternational.com

Inquiry Sheet for Feedback Tension Control Creel

Customer Information

Company: _____ Name: _____
 Address: _____
 Telephone: _____ Fax: _____
 E-mail: _____

Application Information

Creel: Complete creel necessary Tensioning Components Only (Check one)

Type of tensioning system required: (Check one)

Mechanical tension control Electronic closed loop tension control

One-direction or Bi-directional: (Check one)

One direction pull off Bi-Directional (back-wind necessary)

Package tube size: L1=_____ x Inner Dia (mm) =_____ x Outer Dia (mm) =_____

Package size: Package traverse L2 (mm) =_____ x Package Max Dia (mm) =_____

Package weight max: W (kg) =_____

Fiber types used: _____

Max fiber width (mm): _____

Forward Line speed max (m/min): _____ Max Backwind speed (m/min): _____

Max accel/decel rate (m/s²): _____

Desired tension range: _____ (g) - _____ (g) Desired tension accuracy: +/- _____ (g)

Number of filament winders: _____ Number of spindles per machine: _____

Digital tension monitor: required not required (Check one)

Data Logging to Computer: required not required (Check one)

Mobility: Fully mobile on casters On Rails Other _____

Other comments:

Please fill any information available and submit below or USA fax: 1-864-288-7272