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Inquiry Sheet for TOP1000 Type Creel

Customer Information

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

Application Information

Application: Warping other _____ **Type of fiber:** Glass fiber Other _____
Fiber count range: _____
Number of positions required: RH _____ LH _____
Fiber speed range: _____ - _____
Desired tension range: _____ (g) - _____ (g) **Required number of tension zones:** _____
Yarn break detection: required / not required
Detection cancellation feature: required / not required
Yarn break detection speed: minimum _____

Creel Information

Creel: Complete creel necessary Tensioner only necessary
Creel configuration: LH RH Other _____
Type of yarn guides to be used: Ceramic eyelet Rollers Comb Other _____
Vertical positions per column: _____ **Vertical pitch:** _____
Horizontal positions per row: _____ **Horizontal pitch:** _____
Space restrictions (height, width, length, etc. if any): _____

