

The more we know about your requirements,
the more precise our solution can be.

Your contact data / contact partner

Name: _____
Company: _____
City, State, Zip code: _____
Street, No.: _____

Phone: _____
Mobile: _____
E-mail: _____

Do you already have experience with Esband separator belts?

- No, please contact us
 Yes, we already had contact with your company on _____

Your machine data:

Type: _____
Year of construction: _____
Drum with cooling: no yes, temp. _____ °C
Tension distance: _____ mm
Pressure: _____ bar
Chain drive: no yes

Your processing requirements:

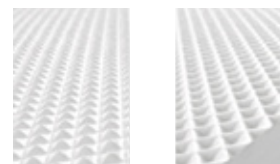
Meat type: _____
 bones cartilage tendons feathers
Meat piece size: coarse medium fine
Perforated drum diameter start: _____ mm
Perforated drum diameter end: _____ mm

Your separator belt requirements:

Current belt type: _____
Length: _____ mm outside inside
Width: _____ mm
Thickness: _____ mm
Process volume: _____ t
Belt change after: _____ days

Processing Form:

Surface texture: X-profile W-profile
outside and running side



By default the outside and running side are identical

Please send the completed questionnaire to sales@esbandusa.com.
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