



Sequence Recognition System Application Form

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Interest (Check box)					
<input type="checkbox"/>	ASG Assembly	<input type="checkbox"/>	ASG Industrial	<input type="checkbox"/>	ASG Precision Fastening
<input type="checkbox"/>	ASG Integrated Services	<input type="checkbox"/>	ASG Warranty and Repair	<input type="checkbox"/>	Other:

Reference project name: _____

Overall size of part (LxWxH): _____

Can we get drawings and/or samples of the part?: _____

Overall size of work area (LxWxH): _____

How many fasteners need to be use in the fastening process?: _____

How many different tasks (jobs) in the application?: _____

Torque Required: _____

Do you currently own an ASG X-PAQ™ System?: _____

If no, please identify your existing system and whether it is I/O compatible: _____

Torque Arm Information

Do you currently own a torque arm?: _____

If yes, please indicate if your torque arm is linear or articulating: _____

What is the brand of the torque arm?: _____

Overall size of work area of existing torque arm (LxWxH): _____

What type of mount is required for the tool to existing torque arm?: _____

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Workstation Information

Do you currently have an existing workstation?:

If yes, please upload an image of the existing workstation.

What is the distance from the top of the workstation to the application?:

Do you require ASG to supply a workstation?:

How many jobs are at the workstation (different configurations)?:

Other Considerations:

Please e-mail this form as well as any files to: asginfo@asg-jergens.com and mark 'SRS Application Form' in the subject line. All information is kept confidential. An ASG engineer will be in touch with you to assist with your custom requirement.

ASG, Division of Jergens, Inc.

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