



Kinetic Systems, Inc.

Quote Request for Series MK26

Please print this form, fill in desired selections, and fax to Kinetic Systems Inc. at **617.522.6323**

Ordering Information

MK26 - -

Gross Load Capacity

- 01 = Up to 250 lbs
- 02 = Up to 350 lbs
- 03 = Up to 500 lbs
- 04 = Up to 650 lbs

Tabletop Size

- 01 = 30" x 36"
- 22 = 36" x 48"*

*Only available on models with Gross Load Capacities of 500 lbs or more

Tabletop Description	Weight lbs/sq.in (kg/sq.m)
21 = 2" (51mm) Composite w/white plastic laminate	.14 (98)
22 = 2" (51mm) Composite w/stainless laminate	
23 = 2" (51mm) Composite w/black plastic laminate	
24 = 2" (51mm) Composite w/anti-static laminate	
40 = 2" (51mm) Honeycomb/no holes	.12 (84)
45 = 2" (51mm) SPILLPRUF Honeycomb 1/4"-20 x 1" centers	
46 = 2" (51mm) SPILLPRUF Honeycomb M6 x 25mm centers	

Special capabilities and tabletop sizes available

Select desired KSI accessories below.

Suggested accessories:

- GR-L Guard Rails Front & Rear (L = Table Length)
- PA2 Padded Armrests (pair)*
- RC-4 Retractable Casters (set of 4)

Additional accessories:

- CL10 Class Ten Cleanroom Compatible Finish
- EOS Electrical Outlet Strip
- ENC Enclosure**
- FC Faraday Cage**
- FS Fixed Shelf (24" or 30" Deep Tables)
- FSC Fixed Shelf Custom (tables deeper than 30")
- HE-5 Height Extension (5" Integral)
- HER-5 Height Extension (5" Field Retrofit)
- HOP Hole Pattern (Stainless Steel Laminate Only)
- KS Keyboard Shelf* (Fixed: 10" x 24")
- MS Monitor Support (Mounts to any Corner)
- DMS Monitor Support (Double)
- ORES Overhead Rear Equipment Shelf
- AERS Overhead Additional Rear Shelf
- OSES Overhead Side Equipment Shelf
- AESS Overhead Additional Side Shelf
- SDR Side Rails
- SS-10 Sliding Shelf* - 10" Wide
- SS-12 Sliding Shelf* - 12" Wide
- SS-14 Sliding Shelf* - 14" Wide
- SSC Sliding Shelf*, Custom (>14" Wide, > 30" Deep)

* Requires Guard Rails

**Requires Guard Rails and Side Rails

PURCHASE ORDER NUMBER _____

DESCRIPTION OF EQUIPMENT TO BE ISOLATED _____

EQUIPMENT SIZE AND WEIGHT _____

ESTIMATED CENTER OF GRAVITY _____

NAME _____ **TITLE** _____

COMPANY _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

TEL: _____ **FAX:** _____

E-MAIL ADDRESS _____