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Enquiry/ Order Form

DATE: DATE QUOTE REQUIRED:
ORDER #: DATE SUPPLY REQUIRED:
COMPANY NAME: IS IT URGENT?
CONTACT NAME:
CONTACT PH: FAX:
E-MAIL:
QTY REQUIRED: CLIENT REF / JOB#:

SEAL INFORMATION (PLEASE FILL IN AS MUCH DETAIL AS POSSIBLE)

EQUIPMENT MAKE AND MODEL:

DUTY/ APPLICATION:

SEALED PRODUCT: TEMPERATURE OF PRODUCT:

SHAFT SIZE: STATIONARY RECESS Ø

SLEEVE SIZE (if used):

PREFERRED MATERIALS OF CONSTRUCTION:

SPECIAL REQUIREMENTS/ COMMENTS: PROVIDE PHOTOS OR SKETCHES IF AVAILABLE: