

COMPANY:		TEL:	
CUSTOMER:		FAX:	
COUNTRY:		EMAIL:	
		DATE:	
END USER:		INSTALLATION LOCATION:	
REF INQUIRY:		N°:	

Activity Field: _____
 Unit: _____
 Type of Apparatus: _____
 Reference: _____
 Manufacturer: _____

WORKING CONDITIONS

Speed: _____ rpm
 Constant:
 Variable:
 Pressure (bar): _____
 Suction: _____
 Discharge: _____
 Operating Cycle
 Hours/day: _____ min: _____
 Days/months: _____ max: _____
 Months/year: _____
 Temperature (°C)
 Requested sealing level: _____
 Life time: _____

MEDIUM

Gas Liquid Vacuum
 Nature: _____
 PH: _____ Viscosity: _____
 Density: _____ % Solids: _____

ASSEMBLY

Existing Designed To Be Defined
 Dimensions: Standard: _____ Norm: _____
 Type of Assembly: Single: External: Rotating: Adjustable:
 Double: Internal: Fixed: Cartridge:

SHAFT METER: Sleeve Diameter: _____

HOUSING: Existing: Changeable: To Be Defined:
 Diameter: _____
 Available axial space: _____

Compatible Materials	SUPPORTS/SPRINGS	RINGS	SECONDARY SEALS
Steel: _____	Carbon: _____	Nitrile: _____	
Stainless steel: _____	Tungsten carbide: _____	EP: _____	
Other: _____	SiC: _____	Viton: _____	
	Al2O3: _____	PTFE: _____	
	Other: _____	Other: _____	

MECHANICAL SEAL: Primarily Used: Wished: To Be Defined:
 Trademark/Type: _____
 Material: _____
 Reference of enclosed drawings: _____

OTHERS:

Other Technical Information: _____
 Other Commercial Information: _____
 Qty to be Quoted: _____ Yearly Consumption: _____
 Issuer: _____
 Date: _____