

◀ Sleeves and Connectors ▶ Quotation Sheet

Operating Environment

Temperature Min.: Max.:

Pressure

FDA compliance?

Drinking water?

Product used

Chemicals/solvents

Construction

O' rings required?

Foam cuffs required?

Returned ends required?

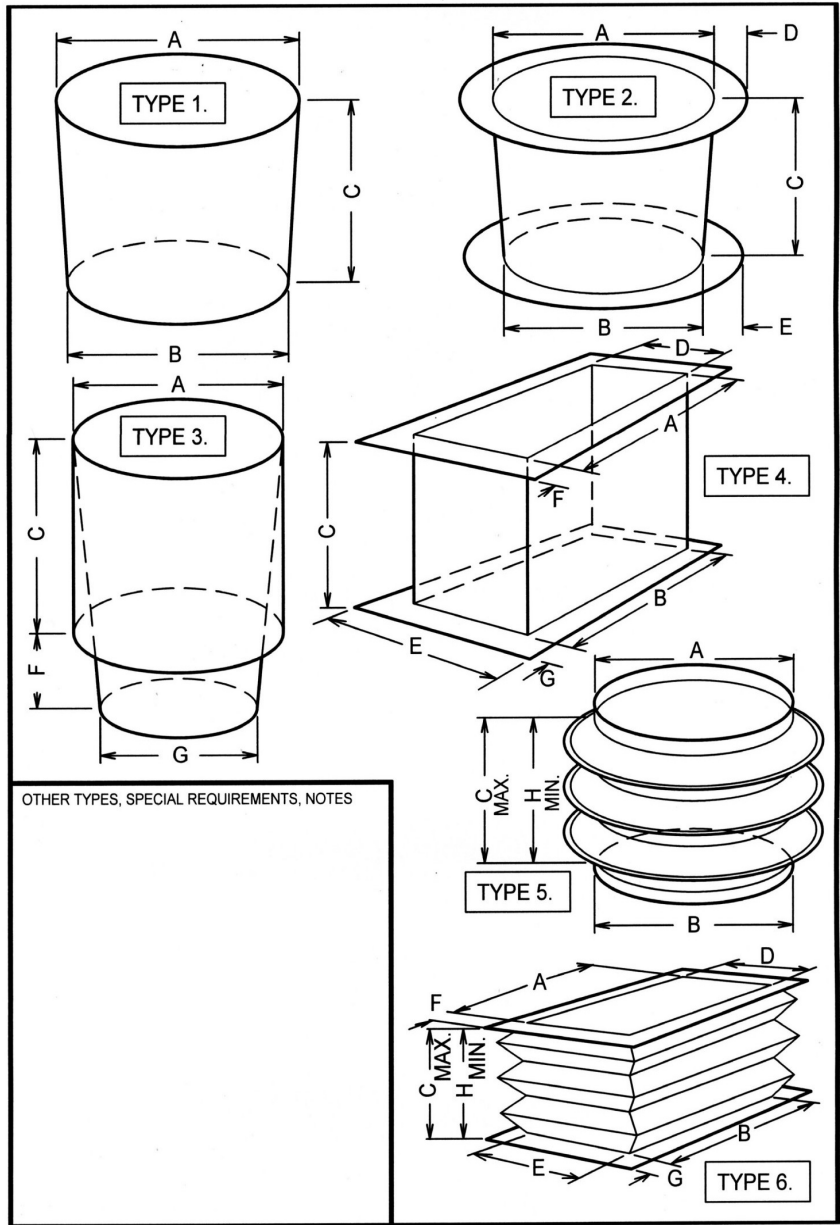
Colour (white)

Colour (clear)

Colour (black)

Colour (other)

Material thickness Min.: Max.:



Style number Dimensions in mm or inches Number off required.

Dimensions	A	B	C	D	E	F	G	H
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Initials: Mr. Mrs. Miss Ms.

Company

Address

Post Code Tel. number: Fax number: