

Flow Ezy Filters, Inc, PO Box 1749, Ann Arbor, MI 48106

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e-mail: flowezy@flowezyfilters.com

DATE: _____

YOUR NAME: _____

YOUR COMPANY: _____

YOUR PHONE: _____ YOUR FAX: _____

BASKET IDENTIFICATION WORK SHEET

QUANTITY: _____

MATERIAL: _____

GAUGE OR THICKNESS OF METAL: _____

OVERALL LENGTH: _____

BASKET OD: _____

FLANGE OD: _____

FLANGE ID: _____

DO YOU REQUIRE A HANDLE? _____

DO YOU REQUIRE A SPECIFIC TYPE AND SHAPE OF HANDLE? _____

If so, please attach a sketch of your required handle.

WHAT KIND OF BOTTOM DO YOU REQUIRE? Flat solid _____

Flat perf _____

Round perf _____

Round solid _____

STANDARD PERF IS 9/64. DO YOU REQUIRE ANOTHER SIZE PERF? _____

If so, what size perf? _____

DO YOU REQUIRE A MESH LINED BASKET? _____

If so, what mesh size? _____

WHAT IS THE BRAND OF YOUR BASKET? _____

WHAT IS THE PART NUMBER OF YOUR BASKET? _____

WHAT IS THE WORKING PRESSURE OF THE SYSTEM? _____

SPECIAL APPLICATION REQUIREMENTS: _____

UPON COMPLETION OF THIS REQUEST FAX BACK TO THE CONTACT LISTED IN THE HEADING

For best and most accurate quote possible, please make a rough sketch of your basket required and send along with this request.