FLOW EZY FILTERS, INC, 147 Enterprise Dr, Ann Arbor, MI 48103

phone: (734) 665-8777 or (800) 237-1165 fax: (734) 665-4332 or (800) 252-1730 e-mail: flowezy@flowezyfilters.com

DATE:			
FAX TO:	_		
COMPANY:			
ATTN:			
ELEMEN	T IDENTIFICATION	ON WORK SHEET	
QUANTITY:			
SUCTION, RETURN, OR PRESSUI	RE:		
TYPE OF FLUID:			
VISCOSITY SUS:	CPS:	ISO GRADE:	
SYSTEM TEMPERATURE:			
PUMP FLOW RATE:			
WORKING PRESSURE:			
SINGLE OR DOUBLE OPEN END:			
PIPE SIZE (ie: npt, SAE, flanged):			
PERFORATED SUPPORT TUBE O	N INSIDE, OUTSIDE, OR B	OTH:	
TYPE OF MEDIA:			
PLEATED OR PLAIN WRAPPED:			
DEPTH OF PLEAT:			
DEGREE OF FILTRATION:			
HOW DOES FILTER SEAL IN HOU	SING (gasket, grommet, o'ri	ng):	
OVERALL LENGTH:			
OUTER DIAMETER:			
INSIDE DIAMETER:			
SPECIAL APPLICATION REQUIRE	MENTS:		

UPON COMPLETION OF THIS QUOTATION REQUEST FAX BACK TO THE ATTN OF DON KRAUSE