

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