



FF Series Drawer Filter Order/Quote Request

Company: _____	Customer Account Number: _____	PO#: _____
Address: _____	Quote #: _____	Due Date: _____
_____	Date: _____	_____
_____	Salesperson: _____	_____
Contact: _____	Email: _____	_____
Phone: _____	Fax: _____	_____

Project Reference: _____

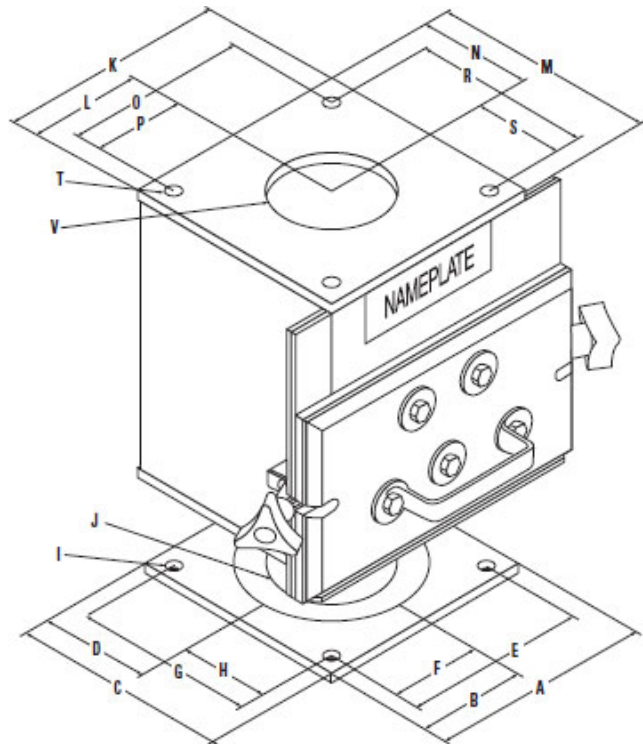
THIS IS AN ORDER THIS IS A QUOTATION REQUEST

Quantity	Bunting Model No.	Description	Unit Price	Amount

Optional Equipment

<input type="checkbox"/> Slide gate Shut-off	<input type="checkbox"/> With Discharge Dump Tube	<input type="checkbox"/> Rear	<input type="checkbox"/> Other _____
<input type="checkbox"/> With Purge Hopper	<input type="checkbox"/> Tapped Hole for Liquid Dispensing System		
<input type="checkbox"/> R.H. Side <input type="checkbox"/> L.H. Side			
<input type="checkbox"/> Other			

INFORMATION REQUIRED FOR ORDERING OR QUOTATION REQUEST



Top Flange – Operator Side (Front)

K	S
L	*T Thread Size Used
M	<input type="checkbox"/> Threaded Holes <input type="checkbox"/> Studs
N	V
O	Round <input type="checkbox"/> Square <input type="checkbox"/>
P	Front to back <input type="checkbox"/> Side to side <input type="checkbox"/>
R	

*Studs will be required if bolt pattern falls on housing body

Bottom Flange – Operator Side (Front)

A	H
B	I
C	J
D	Round <input type="checkbox"/> Square <input type="checkbox"/> Rectangle <input type="checkbox"/>
E	Front to back <input type="checkbox"/> Side to side <input type="checkbox"/>
F	
G	

Make of Press: _____	Serial No.: _____
Model: _____	Screw Size: _____ Ounce: _____
Make of Hopper: _____	Hopper Capacity: _____ Lbs.

Please fax this completed form to: 248-544-5113 or toll free US 888-808-4363

or

Email to: DME@dme.net

SUBMIT