



FF Series Drawer Filter Order/Quote Request

Please email completed form to: dmeus-csspecials@dme.net

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

Project Reference: _____

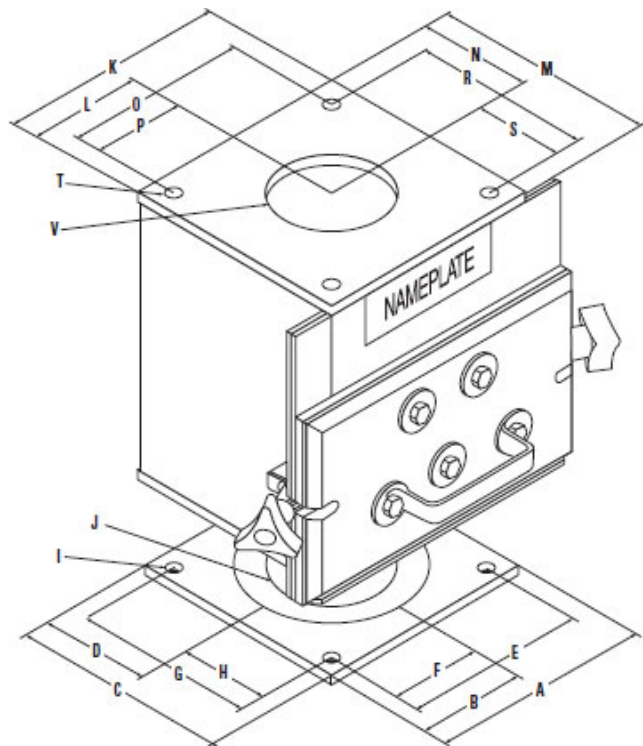
THIS IS AN ORDER THIS IS A QUOTATION REQUEST

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.