



REQUEST FOR QUOTATION

Company:					
Address:					
Suburb:		State:		P/C:	
Phone:			Fax:		
Contact Name:					
Email Address:					
Scope of Supply					
Application:	<input type="checkbox"/> Kitchen <input type="checkbox"/> Laboratory Other: _____				
Gas Type:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas Other: _____				
Max. Flow Rate:	_____ MJ/h _____ m ³ /h				
Flow Direction:	<input type="checkbox"/> Left to Right (standard) <input type="checkbox"/> Right to Left (on request)				
Gas Pressure:	<input type="checkbox"/> ≤7 kPa <input type="checkbox"/> 7 to 20 kPa <input type="checkbox"/> 20 to 100 kPa Other: _____ kPa				
Power Supply:	<input type="checkbox"/> 240 VAC <input type="checkbox"/> 24 VDC <input type="checkbox"/> 24 VAC Other: _____				
Interlock Relay FIP, BMS etc	<input type="checkbox"/> 24 VDC <input type="checkbox"/> 24 VAC <input type="checkbox"/> 240 VAC Other: _____				
Volt Free Alarm Contact: (BMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Notes:					

Return form by email: sales@accutherm.com.au Or fax 03 9763 8003

More information: call 03 9763 6335 or visit www.accutherm.com.au