

ENQUIRY/ORDER*

**Delete as necessary and Fax back*

CUSTOMER:

ADDRESS:

F.T.A.O.

Fax No: Tel. No.

E.mail:

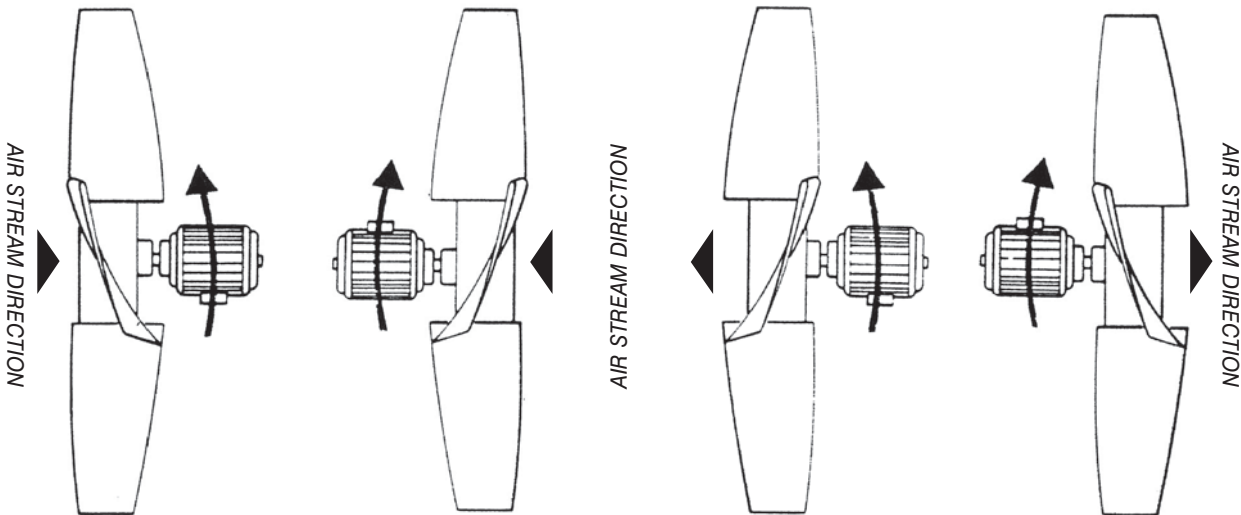
Please tick or indicate which formation required

Formation 1
Anticlockwise (RH)
Plan B

Formation 2
Clockwise (LH)
Plan B

Formation 3
Anti-clockwise (LH)
Plan A

Formation 4
Clockwise (RH)
Plan A



Please complete as far as possible - We will calculate the rest!

Impeller Selection Details

AIR VOLUME PRESSURE
 O.D. BORE PITCH ° TEMP °C
 KW RPM MATERIAL FORMATION
 NO. OF BLADES HUB. DIA QTY REQUIRED

HUB + UNCUT BLADES	(SUPPLIED LOOSE)	Tick✓	COST £
HUB + BLADES CUT TO LENGTH	(SUPPLIED LOOSE)	<input type="checkbox"/>	
FULLY ASSEMBLED		<input type="checkbox"/>	
CARRIAGE		<input type="checkbox"/>	

(VAT EXTRA AT PREVAILING RATE)

ORDER NO. DATE:



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