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BALL JOINTS

ROTOFLUID BALL JOINTS APPLICATION ANALYSES FORM

COMPANY NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____

CONTACT: _____ e-mail: _____

QUANTITY: _____ PCS MEDIUM: _____

SIZE: _____ or NOMINAL DIAMETER: _____ or FLOW RATE: _____

PRESSURE: _____ BAR or _____ PSI

TEMPERATURE: _____ °C or _____ °F

What is the preferred construction material: _____

Information about application, if possible please send us drawing

If you have any questions or need assistance, please contact our sales department. Please fill the form and send it by fax or email.

