

Customer: no. _____ company name _____

goods shipping address: street address _____ city _____

ZIP code _____ prov. _____ reference person _____

phone no. _____ e-mail _____

Installer: company name _____

customer/work _____ reference person _____

phone no. _____ e-mail _____

Specify the type of pipe to be used or the type of installation

Type of pipe: fusio-technik SDR 6 fusio-technik SDR 7,4 faser fiber-T faser fiber-COND
 faser fiber-LIGHT faser UVRES faser FIRES unknown, see installation:

Installation: sanitary mechanical Working temperature _____ °C Maximum pression _____ bar
 Transported fluid _____ Sanitisation treatment Yes No Unknown

Manifold total length (**LT**) _____ Main pipe length (**LTP**) _____

Main pipe diameter (**DT**) _____ Total number of connections (**NA**) _____

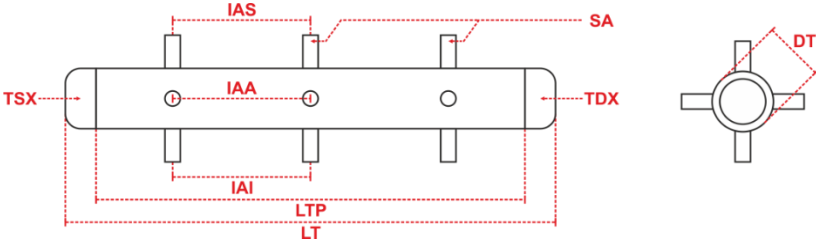
Specify type and size of thread for each connection (**SA**):

Upper connections center distance (**IAS**) _____ Lower connections center distance (**IAI**) _____

Front connections at 90° center distance (**IAA**) _____ Rear connections at 90° center distance (**IAP**) _____

Termination SX (**TSX**): cap flange thread F Ø _____ thread M Ø _____ other _____

Termination DX (**TDX**): cap flange thread F Ø _____ thread M Ø _____ other _____



Enclosed project As in the project below:

Date	Signature
------	-----------