

Custom Quote Form

Distributor:	Date:			
Client:				
Address:				
City:	State:	Zi	p:	
Telephone: Fax:	e-1	mail:		
Contact:	Title:		ext:	
Client's budget:	Date quote needed:_	Date quote needed:		
Description of Facility:				
Type of manufacturing, processing, or repa	air work done at this loca	ation:		
Cleaning Requirements:				
-				
Describe the parts needing to be cleaned:_				
Parts material composition:				
Maximum size of part (inches): L:	W:	H:	or	
Diameter:	Thickne	ss:		
Maximum weight of part or batch (lbs.):				
Average number of parts per batch:				
Number of batches per day:	Time allowed	per batch:		

Cu	rrent Cleaning Process:				
	Manual with solvents, types:				
	Manual with water based chemistry, types:				
	Agitation with solvents, types:				
	Agitation with water based chemistry, types:				
	Spray wash cabinet with water based chemistry, type	s:			
	Vapor degreaser, solvent used:				
	Ultrasonics, brand:	_ model:			
	ultrasonic power (watts):	_ frequency (kHz):			
Ta	nk Size/Configuration:				
Tai	nk size (inches): L W	D (customer requested)			
	Single tank				
	Multiple tanks, number:				
	Console Configuration: $W = Wash$ $R = Rinse$	D = Dry $F = Filtered$			
Fre	equency (kHz):				
Ult	rasonic Power per tank (watts):				
	Filtration (micron size):	_			
	Oil Skimming: Weir with spray Stainless belt sl Both	kimmer over the edge			

Automation (describe):
Baskets: Type Qty
Electrical: 110V 208V,1Ø 208V,3Ø 240V,1Ø 240V,3Ø Other
Special Requirements:

 $email\ completed\ form\ to\ Pro\ Ultrasonics, \underline{info@proultrasonics.com}$

Pro Ultrasonics, Inc. PO Box 999 Nebo, NC 28761-0961 Tel: 828-584-1005

info@proultrasonics.com www.proultrasonics.com