

Application Data Sheet

IF REPRESENTATIVE INQUIRY

Firm _____ Sales Engineer _____ Phone _____

Company _____

Address _____

Contact Name _____

**For fast service FAX
this to us at 1-269-
349-1493**

Phone: _____ Fax: _____ Cell: _____ Email: _____

GENERAL INFORMATION

Market: Ind/Mach Tool Plastics Medical Elec/Semicon
 Food/Pharm Other (describe) _____

DTS to provide the tank? Yes No

DTS to provide the pump? Yes No

Desired Operating Temperature: _____ °F _____ °C

Ambient Temperature Range: _____ °F _____ °C

Fluid Type: Water/Wtr Glycol Ratio % _____ Eth Prop
 Oil Brand _____ Model _____ SSU _____
 Water Soluable Brand _____ Model _____ SSU _____
 Hydraulic Fluid Brand _____ Model _____
 DI Water Include DI Circuit Yes No
Microsiemen Level _____
 Other (describe) _____

Flow Rate _____ GPM@ _____ PSI or _____ LPM@ _____ BAR

Unit to be located: Indoors Outdoors

Heat Load: _____ BTU/HR KW/HR

Remote Electrical Panel: Yes No

Bag or Cartridge Fluid Filter Needed Yes No
Filter to _____ microns

Air Filter Required (standard on Koolant Kooler Brand)? Yes No

Special Configurations: Remote Cond. Blower Drop-in
 Modular Dual Fluid Circ. Cleanable H/E

Electrical: Volts _____ Phase _____ Hz _____

Refrigeration Unit to be: Air Cooled Water Cooled Tower Water

Standard Colors are:

Schreiber Models - Birch White, Powder Coated

Koolant Kooler Models: JT line - Stainless Steel; KV line - Black; All others - White sands quick dry enamel

Custom Paint Available for an additional fee:

Type: _____ Color: _____

