

REQUEST FOR DEVELOPMENT

Copy and fill in these pages for ordering and send to Fax nr. 00353 (0) 49 555 2312

Company name:

Contact Person:

Invoice address:

Delivery address:

	Type	Type	Type	Type	Type
Customer code of product					
Dimensions of pipe					
OD mm					
tol. OD +/- mm					
gd in mm					
tol. gd +/- mm					
gl mm					
tol. gl +/- mm					
Demand					
yearly demand					
demand per shipment					
Jacking data					
pusch force in tonnage					
requested declination in degrees					
packing ring Dp in mm					
Technical general					
requested norms					
approval body					

TICK RELEVANT BOXES			
Ground circumstances	<input type="checkbox"/> DRY <input type="checkbox"/> no polution <input type="checkbox"/> light polution	<input type="checkbox"/> WET <input type="checkbox"/> fresh water <input type="checkbox"/> bracish/sea water	<input type="checkbox"/> CHEMICAL POLUTED send specification
Fluid specification	<input type="checkbox"/> WATER <input type="checkbox"/> drinking <input type="checkbox"/> drainage	<input type="checkbox"/> SEWAGE WATER <input type="checkbox"/> no oil content <input type="checkbox"/> oil content	<input type="checkbox"/> INDUSTRIAL WATER send specification
Fluid specification	<input type="checkbox"/> SHRINKWRAPPED on euro pallet	<input type="checkbox"/> OTHER send specification	
Storage	<input type="checkbox"/> OUTDOOR <input type="checkbox"/> assembled on pipe <input type="checkbox"/> not assembled on pipe	<input type="checkbox"/> INDOOR	
Purches conditions	<input type="checkbox"/> DIS ENBI	<input type="checkbox"/> OTHER send copy	
Price	<input type="checkbox"/> EX WORK	<input type="checkbox"/> INCL.TRANSPORT COST TO DELIVERY ADDRESS	<input type="checkbox"/> OTHER send specification
Terms of paiment	<input type="checkbox"/> DATE OF INVOICE	<input type="checkbox"/> 30 DAYS AFTER date of invoice	<input type="checkbox"/> 60 DAYS AFTER date of invoice