|                    |                             | FII                | LTER                    |            |                                |    |                   |    |
|--------------------|-----------------------------|--------------------|-------------------------|------------|--------------------------------|----|-------------------|----|
|                    | Quota                       | tion               | - Infor                 | ma         | tion                           |    |                   |    |
| Customer:          | Company:                    |                    |                         |            |                                |    |                   |    |
|                    | Address:                    |                    |                         |            |                                |    |                   |    |
|                    | Phone / Fax:                |                    |                         |            |                                |    |                   |    |
|                    | Contact person:             |                    |                         |            |                                |    |                   |    |
| Type of machine:   | Name:                       |                    |                         |            |                                |    |                   |    |
| Type of oil:       | Name:                       |                    |                         |            |                                |    |                   |    |
|                    | Flash point:                | □ < 21°C           |                         | <b>□</b> 2 | □ 21-55°C □ 55-100°C □ > 100°C |    |                   |    |
|                    | Comments:                   |                    |                         |            |                                |    |                   |    |
| System, volumes:   | Main pump capacity          | (L/h):             |                         |            |                                |    |                   |    |
| Tank volume:       | Litres:                     |                    |                         |            |                                |    |                   |    |
|                    | Comments:                   |                    |                         |            |                                |    | _                 |    |
| Temperature:       | Normal:                     | °C                 | Max:                    |            |                                | °C | Min:              | °C |
| Power supply:      | Electrical supply:          |                    | Volt:                   | Volt:      |                                |    | Hz:               |    |
|                    | Comments:                   |                    |                         |            |                                |    |                   |    |
|                    |                             |                    |                         |            |                                |    |                   |    |
| Preheat of fluid:  | Electrical:                 | Electrical: v/Hz   |                         | Steam:     |                                |    | Pressure / temp.: |    |
|                    |                             |                    | Hot wa                  | Hot water: |                                |    | Pressure / temp.: |    |
|                    | Comments:                   |                    |                         |            |                                |    |                   |    |
| Cooling of fluid:  | Coolant:                    | esh water:         |                         |            |                                |    |                   |    |
|                    | <u> </u>                    |                    | alt water:              |            |                                |    |                   |    |
|                    | -                           | emp. min/m         | mp. min/max:            |            |                                |    |                   |    |
| Present condition: | 0:                          |                    | 0 / NAS:                |            |                                |    |                   |    |
|                    |                             |                    | Other:                  |            |                                |    |                   |    |
|                    | Water contemination         |                    | Ingress / hour:         |            |                                |    |                   |    |
|                    | Water contamination         | 701                |                         |            |                                |    |                   |    |
|                    |                             |                    | PPM:<br>Ingress / hour: |            |                                |    |                   |    |
| Customer demands:  | Protection:                 | 1111               | yress / nou             |            |                                |    |                   |    |
|                    |                             | Surface treatment: |                         |            |                                |    |                   |    |
|                    | Approvals / classification: |                    |                         |            |                                |    |                   |    |
|                    | Level of contamination:     |                    |                         |            |                                |    |                   |    |
| Comments:          | •                           |                    |                         |            |                                |    |                   |    |
|                    |                             |                    |                         |            |                                |    |                   |    |
|                    |                             |                    |                         |            |                                |    |                   |    |
| Date: Sign:        |                             |                    |                         |            |                                |    |                   |    |