

FOR IMMEDIATE INFORMATION:

Fill out this form **AND FAX IT TO: 818-361-2788**

CUSTOMER SPECIFICATION FORM

CONTACT _____ TITLE _____ DATE _____

COMPANY NAME _____ TEL. NO. _____

ADDRESS _____ FAX NO. _____

CITY _____ STATE _____ ZIP _____

APPLICATION _____

TYPE OF INDUSTRY _____

QUANTITY OF HEATERS _____ APPROPRIATE HEATER DIMENSIONS _____

TYPE: MYLAR NEOPRENE KAPTON® SILICONE NOMEX MICA

CUSTOMER DRAWING ATTACHED: YES NO

VOLTAGE _____ WATTS _____ AMPS _____

THICKNESS REQUIREMENTS _____

LEAD WIRES: TYPE GAUGE COLORS LENGTH

LEAD WIRE LOCATIONS _____

THERMOSTATS _____ OPEN _____

_____ CLOSED _____

DELIVERY REQUIRED _____

OTHER SPECIAL REQUIREMENTS I.E. FORMED, CUTOUTS, ADHESIVES, ETC.

TherMoLab

DIVISION OF TECHNICAL HEATERS, INC.

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