

Enquiry / order form for custom flange connection



Enquiry
 Fax: +49 (0) 25 57/93 93-30
 anfragen@sinusverteiler.com

Order
 Fax: +49 (0) 25 57/93 93-36
 bestellungen@sinusverteiler.com

From
 Company /planing office: _____
 Street address: _____
 Post code / City: _____
 Phone: _____
 Fax: _____
 Contact: _____
 E-mail: _____

Delivery address
 Name: _____
 Process technician: _____
 Street address: _____
 Post code / City _____
 Project name: _____
 Project location: _____
 Project / order no.: _____

Sinusverteiler GmbH
 Dieselweg 2, 48493 Wettringen
 Germany
 Tel: +49 (0) 2557 / 93 93-0
 Fax: +49 (0) 2557 / 93 93-30
 info@sinusverteiler.com
 www.sinusverteiler.com
 Attn.: _____
 Sinus quote no.: _____
 Desired delivery date: _____

delete as appropriate →	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/ Return	Flow/Re- turn	Flow/Re- turn	Flow/ Return
Valve Manuf./Type														
Pressure piece PN 6/16														
Size DN														
Valve Manuf./Type														
Pressure piece PN 6/16														
Size DN														
Valve Manuf./Type														
Pressure piece PN 6/16														
Size DN														
Valve Manuf./Type														
Pressure piece PN 6/16														
Size DN														
Valve Manuf./Type														
Pressure piece PN 6/16														
Size DN														



Comments: _____