



Inquiry form sheet for hoses

Company/Address			Contact person: _			
			Phone:	Phone:		
Your Inquiry number:						
Case of application/de	escription:					
Quantities:		Diameter no	minal DN:	Diameter pre	essure PN:	
Nominal length:	ominal length: Hose material:		al:			
Type of connection	n (standard):					
Side 1:			Material:			
Side 2:			Material:			
Insulation/sheathing:						
Medium inside:						
Temperature (°C)	Working:	max.:	Pressure (bar)	Working:	max.:	
Medium outside:						
Temperature (°C)	Working:	max.:	Pressure (bar)	Working:	max.:	
Motion recording:						
axial		lateral	angu	ılar	torsion	
Cyclical movement: _	:		Purity:	Purity:		
Draft/Drawings (or se						
Further requirements Please send the comp			est report, packaging, sign	ing, etc.)		
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