



SARAVEL REPERESNTATIVE:

DATE:

Contract No. Dated:

Unit item No. In the contract:

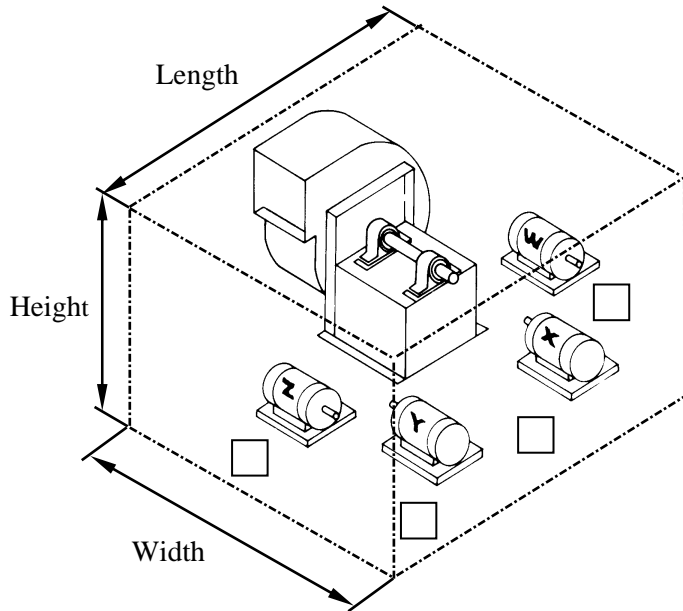
1) According to the following drawings, please select fan type:

Clockwise UP Blast CW 360	<input type="checkbox"/>		Clockwise Top Horizontal CW 90	<input type="checkbox"/>	
Clockwise Down Blast CW 180	<input type="checkbox"/>		Clockwise Bottom Horizontal CW 270	<input type="checkbox"/>	
Counter Clockwise UP Blast CCW 360	<input type="checkbox"/>		Clockwise Counter Top Horizontal CCW 90	<input type="checkbox"/>	
Counter Clockwise Down Blast CCW 180	<input type="checkbox"/>		Clockwise Counter Bottom Horizontal CCW 270	<input type="checkbox"/>	

2) In case of space limitations, specify the available space for installation:

Length, Max(m)= Width , Max(m)= Height, Max(m)=

3) If fan is belt driven, please choose the location of electrical motor.



Note: The lead time for delivery is effective from the date of the receipt of this completed form.
The information above is correct and Saravel is not responsible for any errors in the given information.

IMPORTANT: This document is only validated with customer signature and date appears below.

NAME: TITLE: SIGNATURE: DATE:

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