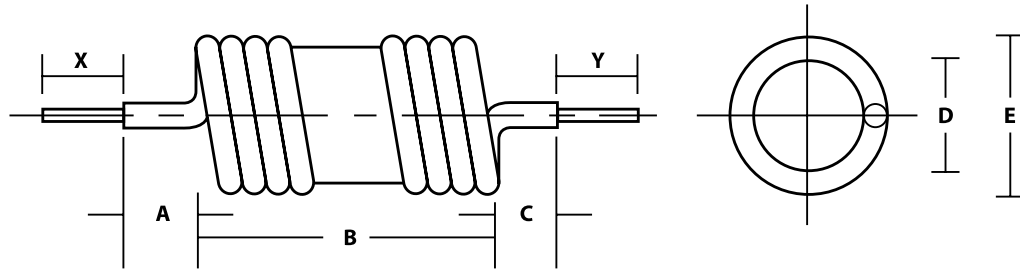


high performance fluoropolymer and fluoroplastic tubing and pipe

Coiled Hose Order Form



<p>Coil Tubing</p> <p>OD</p> <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> _____ (specify size) <p>WALL</p> <input type="checkbox"/> .030" <input type="checkbox"/> .062" <input type="checkbox"/> _____ (specify size) <p>MATERIAL</p> <input type="checkbox"/> PTFE <input type="checkbox"/> FEP <input type="checkbox"/> PFA <input type="checkbox"/> HP-PFA <input type="checkbox"/> UHP-PFA <input type="checkbox"/> MFA <input type="checkbox"/> PVDF <p>COLOR</p> <input type="checkbox"/> NATURAL <input type="checkbox"/> _____ (specify size) <p>TOTAL LENGTH</p> <input type="checkbox"/> AS REQUIRED <input type="checkbox"/> _____ (specify length)	<p>Coil Dimensions</p> <p>A LEFT TAIL _____</p> <p>B RETRACTED LENGTH _____</p> <p>C RIGHT TAIL _____</p> <p>SPECIFY ONE DIMENSION</p> <p><input type="checkbox"/> D - COIL ID = _____</p> <p><input type="checkbox"/> E - COIL OD = _____</p>	<p>Inner Tubing</p> <p>Complete this section only if an inner tube is required.</p> <p>OD</p> <input type="checkbox"/> <input type="checkbox"/> _____ (specify size) <p>WALL</p> <input type="checkbox"/> <input type="checkbox"/> _____ (specify size) <p>MATERIAL</p> <input type="checkbox"/> PTFE FLEX <input type="checkbox"/> _____ (specify size) <p>COLOR</p> <input type="checkbox"/> NATURAL <input type="checkbox"/> _____ (specify size) <p>TOTAL LENGTH OF TUBE USED</p> <input type="checkbox"/> AS REQUIRED <input type="checkbox"/> _____ (specify length) <p>X EXTENSION OUT OF LEFT TAIL _____</p> <p>Y EXTENSION OUT OF RIGHT TAIL _____</p>	<p>Coil Configuration</p> <p>If the coil configuration shown above is not suitable for your purposes, please submit a custom design.</p> <p><input type="checkbox"/> USE SHOWN CONFIGURATION</p> <p><input type="checkbox"/> CUSTOM DESIGN SUBMITTED</p> <p>DRAWING NUMBER: _____</p> <p>REVISION: _____</p>
<p>Quantity: _____</p>			
<p>COMPANY: _____</p> <p>NAME: _____</p> <p>EMAIL: _____</p> <p>PHONE: _____</p> <p>FAX: _____</p>		<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Coiled Hose Order Form

All ALTAFLUOR products are available in coiled configurations. We will manufacture to your specifications. Please use this worksheet for ordering. You can also contact our sales department to discuss specific details of your application.

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