

**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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