

REQUSET FORM

Company's Information

Name / Designation	:	
Address	:	
Phone Number	:	
Fax Number	:	
E-mail	:	
Industry	:	

Request's Details

Product Model	:		Steam Boilers		
		<input type="checkbox"/> BSG	Liquid-Gas Fuel Steam Boiler	<input type="checkbox"/> BSF	Solid Fuel Steam Boiler
		<input type="checkbox"/> BST	Liquid-Gas Fuel Steam Generator	<input type="checkbox"/> BIS	Electric Steam Generator
			Special Boilers		
		<input type="checkbox"/> SSP	Skid-Mounted Steam Plant	<input type="checkbox"/> CBR	Containerized Boiler Room
		<input type="checkbox"/> BHW	Waste Heat Boiler	<input type="checkbox"/> BTG	Rotary Grate Solid Fuel Combustion System
		<input type="checkbox"/> BCF	Biomass Boiler	<input type="checkbox"/> HAG	Thermoblock Boiler
			Hot Water/Oil Boilers		
		<input type="checkbox"/> BHT-S	Hot Water Boiler	<input type="checkbox"/> BHW	Superheated Water Boiler
		<input type="checkbox"/> BHT-TS	Full Cylindrical Hot Water Boiler	<input type="checkbox"/> BHO	Hot Oil Boiler
			Other Systems		
			<input type="text"/>		
Quantity	:	<input type="text"/>	Pcs.		

Fluid Capacity	:	<input type="text"/>	<input type="checkbox"/> kg/h	<input type="checkbox"/> lb/h	
Heat Capacity	:	<input type="text"/>	<input type="checkbox"/> kW	<input type="checkbox"/> kcal/h	<input type="checkbox"/> BTU/h
Operating Pressure	:	<input type="text"/>	<input type="checkbox"/> bar	<input type="checkbox"/> psi	
Fueling	:	<input type="text"/>			
Purpose of Use	:	<input type="text"/>			
Fluid (Water/Oil/Air) Inlet Temperature	:	<input type="text"/>	<input type="checkbox"/> °C	<input type="checkbox"/> °F	
Fluid (Water/Oil/Air) Outlet Temperature	:	<input type="text"/>	<input type="checkbox"/> °C	<input type="checkbox"/> °F	
Auxiliary Equipment	:	<input type="checkbox"/> BKT	Condensate Tank	<input type="checkbox"/> BTD	Thermal Deaerator
		<input type="checkbox"/> FWE	Economizer	<input type="checkbox"/> BIS	Flash Steam System
		<input type="checkbox"/> BHS	Stocker System	<input type="checkbox"/> BHE	Heat Exchanger
		<input type="checkbox"/> Other:	<input type="text"/>		
Other Specifications	:	<input type="text"/>			

Contact Details of the Person who Filled the Form

Name & Surname	:	<input type="text"/>
Job Title	:	<input type="text"/>
Phone Number	:	<input type="text"/>
E-mail	:	<input type="text"/>

Filled on: / / 2024

Signature: