INFRARED DR. FISCHER Europe S.A.S. A company of DR. FISCHER Group

Customer request form

Customer

Company: Date

Contact person:

Function:

Email address:

Application: ☐ Industrial ☐ Thermoforming ☐ Catering ☐ Bottle blowing ☐ Printing ☐ Comfort heating

Other:

Project description: ☐ New equipment ☐ Improvement of existing equipment ☐ New process

Lamp request

Nominal voltage (V): Operating voltage range (V min): V max

Wattage (W): Color temp (K):

Operating position: ☐ Horizontal ☐ Universal

Tube: ☐ Clear ☐ Reflector 98/93 ☐ HeLeN ☐ Garneta ☐ Lucia ☐ Translucent ☐ Ruby ☐ LRP 14 ☐ LRP 19

Lifetime expected (h):

Dimensions:

Heating length (mm): Overall lenght (mm):

Cap: ☐ SK15 ☐ SK15 weatherproof ☐ SK15 cemented ☐ AK15 weatherproof ☐ R7s ☐ R7s + cables ☐ U-clip ☐ X-clip ☐ ClicFit Other:

Cables if applicable: lenght 1(mm): lenght 2(mm): Double Insulation: ☐ Yes ☐ No

Finition: ☐ Splice ☐ Fork ☐ Ring Other:

Mark: ☐ DR. FISCHER Other:

Market potential:

Year 1 (pcs): Year 2 (pcs): Year 3 (pcs): Year 4 (pcs):

Price range expected by customer(€/unit): Expected n° of delivery / year:

Samples: ☐ Yes ☐ No

Quantity expected:

Note: the delivery time will be confirmed by DR. FISCHER Europe

Your important remarks we need to take into account:

(Lamp cooling, environment, pressure, solvent, object to be heated, reference of lamp from competition…)

To be filled by DR. FISCHER:

What is the closest standard lamp for that request (type N° or 12 NC):

Why can't we use the above-mentioned lamp?

Project number (if agreed)