

Product Recommendation Information Sheet: Other application

■ Equipment Specifications (Please indicate an abbreviated diagram overview of the mechanism and operating conditions.)

■ Customer Information

Date: Year ____ Month ____ Day ____

Company: _____	E-mail: _____
Department and Title: _____	Application: _____
Name: _____	_____
Address: _____	Number of Units to be Used: _____ Unit(s)
_____	Expected Purchasing Date: _____
TEL: _____ Extension: _____	Supply Source: _____
FAX: _____	Sales Branch: _____

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 •For Malaysia <http://www.orientalmotor.com.my/> FAX: +60-3-2287-5528
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