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| --- |
| Customer information: |
| Name of the organization  |  |
| Address |  |
| E-mail |  |
| Telephone/Fax |  |
| Customer’s representative (full name), position |  |
| Date of request |  |

Fitting requirements:

|  |  |
| --- | --- |
| Name of the pipe |  |
| Fitting type |  | Flanged |  | Weld-on |
| Fitting material |  | 12Х18Н10Т |  | 09G2S |  | St20 |
|  |  |
| Note |
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