

SANITARY BALL VALVES



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CUSTOMER		DATE	
PHONE #		EMAIL	
COMPANY		PLANT LOCATION	
PROJECT			

Type	<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic
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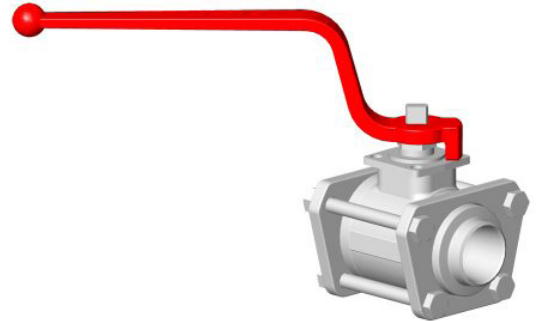
IF MANUAL

Handle	<input type="checkbox"/> 10 Position Handle	<input type="checkbox"/> Infinite Handle	<input type="checkbox"/> Locking Lever
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IF AUTOMATIC

Type	<input type="checkbox"/> Spring Open	<input type="checkbox"/> Spring Closed	<input type="checkbox"/> Double-Acting
Control Top Needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Cavity Filled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
End Connections	<input type="checkbox"/> Butt Weld		<input type="checkbox"/> Clamp	
Size			" Stainless Steel	<input type="checkbox"/> 304 <input type="checkbox"/> 316
Seat Material	<input type="checkbox"/> BUNA	<input type="checkbox"/> FKM (Viton)	<input type="checkbox"/> EPDM	<input type="checkbox"/> Silicone <input type="checkbox"/> PFA
Special Polish Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3-A Stamp Required	<input type="checkbox"/> Yes <input type="checkbox"/> No



• **Notes:**

 CUSTOMER PRINTED NAME

 CUSTOMER SIGNATURE