

APPLICATION FORM

COOLING- / DEEP FREEZING ROOM INCUBATOR -/ CLIMATIC ROOM

Company/Institute: _____
 Contact person: _____
 Address: _____

Phone: _____
 Mobile: _____
 Fax: _____
 Email: _____

Your requirements:



Temperature: from _____ °C up to _____ °C / Working temperature: _____ °C



Humidity: from _____ % rel. hum. up to _____ % rel. hum. / Working humidity: _____ % rel. hum.

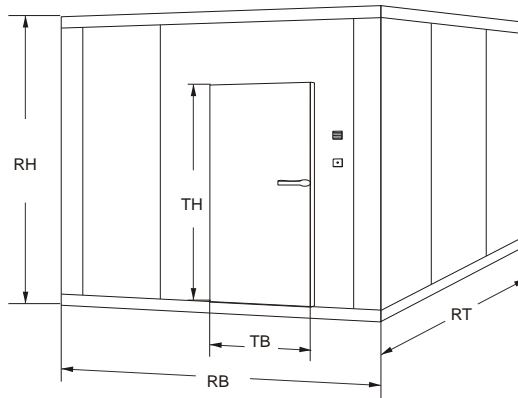
Outside dimension:

Width (RB): _____ mm
 Depth (RT): _____ mm
 Height (RH): _____ mm

Door width (TB): _____ mm
 Door height (TH): _____ mm

Door Stop left right
 Door with window yes no

Ambient temperature: _____ °C



Special accessories:



lighting / intensive
 (no standard light)
 _____ LUX



Fumigation CO₂ /O₂/N₂
 _____ Vo. % or _____ ppm



programmable
 warm/cold / beam
 day/night / humidity on/off
 others



Ventilation for
 personell protection
 object protection

Describe the material you would like to store (incl. quantity, product temperature)

Others

Please return via FAX +49 511/352 17 15 or Email info@tritec-klima.de