

# 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.

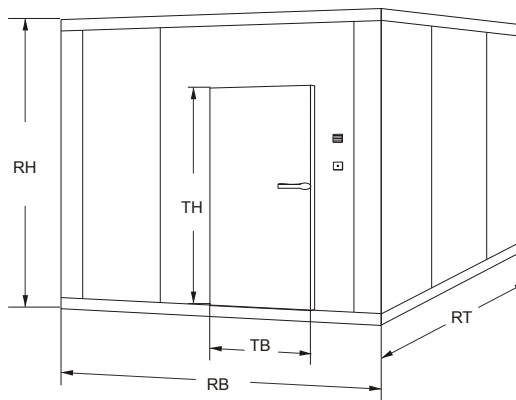
**Outside dimension:**

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 CO<sub>2</sub> /O<sub>2</sub>/N<sub>2</sub>  
 \_\_\_\_\_ 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)**

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**Others**

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Please return via FAX +49 511/352 17 15 or Email [info@tritec-klima.de](mailto:info@tritec-klima.de)