



Please check one:	
Quotation _____	Order _____

Custom Quotation/Order for Filters

Please complete each numbered section on this specification form and send to your SKC representative:

SKC Inc. Tel: 800-752-8472 Fax: 800-752-8476	SKC Gulf Coast Tel: 800-225-1309 Fax: 800-752-4853	SKC South Tel: 800-752-7684 Fax: 800-752-7329	SKC West Tel: 800-752-9378 Fax: 800-752-1127	SKC Limited Tel: (01258) 480188 Fax: (01258) 450968	SKC South Africa Tel: 11 913 2666 Fax: 11 913 2675
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1. Method Number: _____ (If not OSHA or NIOSH, method must be specified.)
 Repeat order: _____ Previous SKC CPM #: _____

2. Cassette: _____ No
 _____ Yes ___ 2-piece ___ 3-piece ___ Opaque
 _____ Other (please specify) _____

3. Filter type: ___ Glass Fiber ___ PTFE ___ MCE ___ PVC ___ Other (please specify) _____
 (include pore size if applicable)

4. Filter size: _____ 25 mm _____ 37 mm _____ Other (please specify) _____

5. Support pads: _____ No
 _____ Yes ___ Treated Cellulose ___ S. Steel ___ Porous Plastic ___ Spacer Ring

6. Filter treatment: _____

7. Shrink bands: _____ No ___ Yes 8. Quantity: _____

9. Purchasing Terms and Authorization

Terms: Purchase orders for custom filters must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order filters are not returnable.** See the SKC Limited Warranty and Return Policy at <http://www.skcinc.com/warranty.asp>.

SKC reserves the right to cancel this order if it is determined that SKC cannot produce a quality filter according to the specifications provided.

Authorization: The signature of the undersigned confirms that the specifications supplied on form # 9562, Revision 1112 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax _____