



## Temperature Control Application sheet

Customer: _____	DATE: _____
Contact: _____	APPLICATION: _____
Address: _____	Quantity: _____
	Water / Oil _____
Email: _____	Heat Only _____
Phone: _____	Cool Only _____
Fax: _____	Temperature Balance _____

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### NEW UNIT

Control Temp. _____ °C / °F	Tool / Mold: _____
Cooling Water Temp _____ °C / °F	Weight _____ kg. / Lbs
Cooling Method: Direct / Indirect	Material: _____
	Cycle Time: _____

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### REPLACEMENT UNIT

Brand: _____	REMARKS: _____
Model: _____	_____

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### OPTIONS

Interface: _____	Connection: _____
Tool Draining: Suction _____ Vacuum _____	
External Temp: _____	External Pressure: _____
Hoses: Lenth _____ X Connect _____	Description: _____
Water Circulation System: _____	Zones: _____

### Other Options / Accessories

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