



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
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1. **Method Number:** _____ (If not OSHA or NIOSH, method must be specified.)

Repeat order: _____ **Previous SKC CPM #:** _____

2. **Cassette:** _____ **No** (filters will be packaged in a glass container)
 _____ **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 Cellulous** ___ **S. Steel** ___ **Porous Plastic** ___ **Spacer Ring**

6. **Filter treatment:** _____

7. **Sealing 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 sample bags 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 1007 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax _____