



<b>Please check one:</b>	
Quotation _____	Order _____

## Custom Quotation/Order for Mercury Emissions Traps

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

<i>SKC Inc.</i> Tel: 800-752-8472 Fax: 800-752-8476	<i>SKC Gulf Coast</i> Tel: 800-225-1309 Fax: 800-752-4853	<i>SKC South</i> Tel: 800-752-7684 Fax: 800-752-7329	<i>SKC West</i> Tel: 800-752-9378 Fax: 800-752-1127	<i>SKC Limited</i> Tel: (01258) 480188 Fax: (01258) 450968	<i>SKC South Africa</i> Tel: 11 913 2666 Fax: 11 913 2675
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**1. Type of Order:** (Please check one)

- New order for custom mercury traps**
- Repeat order** (Previous SKC CPM # \_\_\_\_\_)

**2. Quantity ordered** \_\_\_\_\_ (Note: All custom orders are subject to a ± 10% variation in quantity)

**3. Purchasing Terms and Authorization:**

**Terms:** Purchase orders for custom mercury traps must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order mercury traps 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 mercury trap according to the specifications provided.

**Authorization:** The signature of the undersigned confirms that the specifications supplied on form # F 8189, Revision 1010 are correct and agrees to the custom order terms.

Name (please print or type) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Fax: \_\_\_\_\_

**4. Tube specifications (Mark any special instructions on drawing below, including the blank space in the tube)**

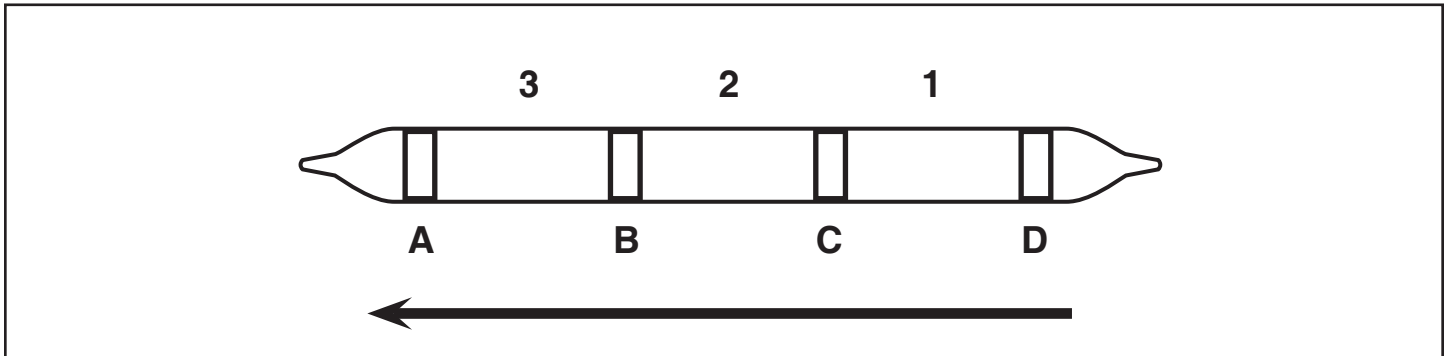
**A. Glass:**

O.D.: \_\_\_\_\_ 10      \_\_\_\_\_ 6      \_\_\_\_\_ other

Length: \_\_\_\_\_ 240      \_\_\_\_\_ 70      \_\_\_\_\_ other

Open tube: \_\_\_\_\_      Sealed: \_\_\_\_\_

**Note: All SKC tubes are manufactured with a space before the glass wool, primary section, separator, backup section and final separator.**



**B. Separators (Retaining plugs) Choose from: Glass Wool, Foam, or custom. Indicate which type for each separator required.**

Separator	Type Required	Separator	Type Required
A	_____	C	_____
B	_____	D	_____

Stainless Steel Spring Retainer Required? \_\_\_\_\_ yes      \_\_\_\_\_ no

**C. Sorbent:**

**Note: If sorbent will be supplied by customer, MSDS may be required.**

Section 1:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Section 2:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Section 3:  
Sorbent type \_\_\_\_\_ Bed weight \_\_\_\_\_

Sorbent preparation or treatment: \_\_\_\_\_