

Questionnaire Carbolux 50

Company:	
Address:	
Contact Person:	
Phone: / Fax:	
E-Mail:	

Chemical formula:	
Composition g/l:	
Working h / week:	Ampere h/ day:
Throughput SQ FT/M2	
Temperature:	Carbonate Levels:
Quantity of baths:	Volume of bath GAL/m ³ :
Desired Carbonate levels:	
<input type="radio"/> Barell system	<input type="radio"/> Rack system
Drag-out / Day:	
Remarks:	

How did you hear about us? Internet Advertisement