



**Polymer Equipment Cleaning Division  
Customer Information Sheet**

Form Number PECF12-005

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

Shipping Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Switchboard Number \_\_\_\_\_

Primary Point of Contact \_\_\_\_\_

Name	Position	Phone	Fax	E-Mail
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Alternate Point of Contact \_\_\_\_\_

Name	Position	Phone	Fax	E-Mail
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Filter/Part Description (Check All That Apply)

<input type="checkbox"/> Candle	<input type="checkbox"/> Cartridge	<input type="checkbox"/> Disc	<input type="checkbox"/> Canister	<input type="checkbox"/> Pipes	<input type="checkbox"/> Heat Exchanger	<input type="checkbox"/> Stack Assembly
<input type="checkbox"/> Filter/Canister assembly	<input type="checkbox"/> Tubesheet Assembly	<input type="checkbox"/> Other:	_____			

Filter/Part Size Dimensions \_\_\_\_\_ Weight \_\_\_\_\_

Filter/Part Material  Wire Mesh  Sintered Metal  Fiber Felt  316SS  304SS  Other: \_\_\_\_\_

Stack Assembly Pressure \_\_\_\_\_ Seals \_\_\_\_\_ Source \_\_\_\_\_

Candle Assembly Torque Pressure \_\_\_\_\_ Seals \_\_\_\_\_ Source \_\_\_\_\_

Filter Manufacturer \_\_\_\_\_ Part No. \_\_\_\_\_ Micron \_\_\_\_\_

Shipment	#Filters Per Set _____	#Sets Per Shipment _____	Shipment Frequency _____	Normal Turnaround _____	Emergency Turnaround _____
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Current Cleaning Method \_\_\_\_\_ Cleaning Restrictions \_\_\_\_\_

Product Filtered (Specify) \_\_\_\_\_ Contaminants (Specify) \_\_\_\_\_

Are any of your products considered hazardous?  Yes  No If "Yes", specify \_\_\_\_\_

Are Materials Safety Data Sheets included for all products and/or contaminants that could be found on your filters/parts?  Yes  No  On file at CFI (Specify) \_\_\_\_\_

**IF THE PRODUCT AND/OR CONTAMINANT CHANGE, CFI MUST BE CONTACTED PRIOR TO SHIPMENT OF FILTER/PART AND CFI MUST RECEIVE THE NEW MSDS.**

Special Requirements \_\_\_\_\_

Preferred Method of Transportation \_\_\_\_\_ Transportation Account Number (Must have or 25% handling fee will apply) \_\_\_\_\_

How were you referred to Carolina Filters, Inc.? \_\_\_\_\_

Customer, Sales Rep, or Customer Service Rep Signature _____	Title _____	Date _____
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**Fax Completed Form to PEC Customer Service:  
803-418-9796**

**Or Mail To:**  
Carolina Filters, Inc.  
Post Office Box 716  
Sumter, South Carolina 29150  
803-773-6842

**Or Ship With Property To:**  
Carolina Filters, Inc.  
109 East Newberry Avenue  
Sumter, South Carolina 29151  
803-773-6842

Entered By: _____
CFI USE ONLY