

OEM Inquiry for Equipment or System



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Please complete the attached and email attention OEM Sales to sales.us@gericke.net

Company name: _____ **Date:** _____
Contact person: _____ **Phone:** _____
Position: _____ **Fax:** _____
Address: _____
City: _____ **State:** _____
Zip code: _____ **Country:** _____
Email: _____

General information

Process Objective: _____

 Batch Continuous

Type of Equipment Required: _____

Project Funded : Yes No
Safety: Product data sheet (MSDS *Required)
Risks: Abrasive Toxic Corrosive Caustic Other
Product sample: Attached Sample No. _____
Test necessary: Yes (fill out test application) No

Product specification: _____

Specific data of the process: _____

Material in contact with product: 1.4301 (304) 1.4541 (321) 1.4571 (316Ti) 1.4404 (316L)

Electrical Supply:

Motor voltage [V]: _____ **Frequency [Hz]:** _____
Motor Protection IP: _____ **Control voltage [VDC]:** 24 12
Frequency inverter Yes No

Specific demands

If available, please attach:

Scheme of material flow Building layout