



REQUEST FORM

PLEASE COMPLETE THE FORM BELOW SO WE CAN PROPERLY ASSESS YOUR REQUIREMENTS AND PROVIDE A SOLUTION FOR YOUR APPLICATION. ONCE COMPLETED PLEASE EMAIL TO: sales@cagtech.com or fax to: (905) 820-3490.

CONTACT DETAILS

COMPANY NAME _____
CONTACT NAME _____
EMAIL ADDRESS _____
PHONE NUMBER _____
STREET ADDRESS _____
CITY _____
PROVINCE _____
POSTAL CODE _____

APPLICATION DETAILS

DESCRIBE DETAILS OF YOUR APPLICATION _____

REASON FOR NITROGEN USE _____
MINIMUM NITROGEN PURITY % REQUIRED _____
MAXIMUM ALLOWABLE OXYGEN % _____
MAXIMUM TEMPERATURE _____
INDOOR INSTALLATION _____
OUTDOOR INSTALLATION _____
CURRENT NITROGEN SUPPLIER _____
DO YOU HAVE A NITROGEN GENERATOR - BRAND MODEL _____
CURRENT GENERATOR CAPACITY _____
DO YOU USE LIQUID DEWARs, WHAT IS YOUR USAGE _____
DO YOU USE CYLINDERS, WHAT IS YOUR USAGE _____
DO YOU HAVE BULK STORAGE, WHAT IS YOUR USAGE _____
DESIRE TO PURCHASE OR LEASE _____
CURRENT COST (PER CUBIC METER/FOOT) _____
REQUIRED FLOW _____
REQUIRED NITROGEN PRESSURE _____
HOURS PER DAY _____
CONSTANT OR INTERMITTENT _____
COMPRESSED AIR AVAILABLE _____
COMPRESSED AIR TREATMENT AVAILABLE _____
COMPRESSED AIR CAPACITY AVAILABLE _____
COMPRESSED AIR PRESSURE AVAILABLE _____
NAME OF COMPRESSOR COMPANY THAT SERVICES YOUR COMPRESSED AIR _____

OTHER INFORMATION

