



Request for Quote - Filter Bags

Please fill out as much information as possible. Once complete, you can attached it to an email and send it to sales@fabcoind.com. You can also print the form and fax it to (920) 729-5066.

CUSTOMER NAME	_____			DATE	_____
BILLING ADDRESS	_____				
	STREET	CITY	STATE	ZIP	
SHIP TO ADDRESS	_____				
	STREET	CITY	STATE	ZIP	
CONTACT	_____		EMAIL	_____	
OFFICE PHONE	_____	CELL	_____	FAX	_____

DUST COLLECTOR TYPE	_____	MANUFACTURER	_____		
MODEL #	_____	SERIAL #	_____		
OEM PART #	_____	DUST COLLECTOR LOCATION:	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OUTSIDE	

QUANTITY OF BAGS _____

BAG SIZE

FLAT WIDTH (inches) _____ DIAMETER (inches) _____ OVERALL LENGTH (inches) _____

MEDIA

- | | | |
|---|--|--|
| <input type="checkbox"/> 16oz POLYESTER SINGED FELT (PES) | <input type="checkbox"/> 12oz PES | <input type="checkbox"/> 16oz MICRO DENIER |
| <input type="checkbox"/> 16oz PES DUO DENSITY | <input type="checkbox"/> 16oz POLYPROPYLENE | <input type="checkbox"/> RUBBER COATED NYLON |
| <input type="checkbox"/> 16oz PES w/PTFE MEMBRANE | <input type="checkbox"/> 14oz ARAMID/NOMEX | <input type="checkbox"/> REMAY |
| <input type="checkbox"/> 16oz PES w/OLEO | <input type="checkbox"/> 10.5oz SEAMLESS POLYESTER | <input type="checkbox"/> VICTOR NYLON |

TOP/OPEN END CONSTRUCTION (Please choose one or more)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> RAW EDGE | <input type="checkbox"/> O'RING | <input type="checkbox"/> HEMMED |
| <input type="checkbox"/> SNAPBAND | <input type="checkbox"/> COMPRESSION BAND | <input type="checkbox"/> SPREADER RING |
| <input type="checkbox"/> FLANGE | <input type="checkbox"/> TENTED LOOP | <input type="checkbox"/> TENTED TAIL |
| <input type="checkbox"/> GASKET | <input type="checkbox"/> ROPE HEM | <input type="checkbox"/> STEEL ROD |
| <input type="checkbox"/> SUPER SEAL | <input type="checkbox"/> OTHER: _____ | |

BOTTOM/CLOSED END CONSTRUCTION (Please choose one)

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> DISC BOTTOM | <input type="checkbox"/> OVAL BOTTOM | <input type="checkbox"/> FLAT BOTTOM |
| <input type="checkbox"/> DOUBLE DISC BOTTOM | <input type="checkbox"/> OTHER: _____ | |

ADD ON

- | | | |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> STAINLESS STEEL GROUND STRAP | <input type="checkbox"/> ZIPPER | <input type="checkbox"/> BOLT HOLE |
| <input type="checkbox"/> WEAR STRIP | <input type="checkbox"/> GROMMET | <input type="checkbox"/> OTHER: _____ |