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Questionnaire Cleaning

Please complete the following information, so a preliminary quotation can be generated.

Add City Cou Pho E-n Cou	mpany name: dress: y: untry: one: nail: ntact person: ofession:	
1.	<i>Type:</i> Vessel ()	Tub () Drum ()
2 .	-	of the vessel/tub/drum: ter range:Internal height range:
	Bottom outlet: - If yes, on the	Yes()/ No() ne side or centre:
	- Type of bo	ttom (inclined, fully flat, dished etc.):
	- Additional	information:
<i>3</i> .	Type of wash r	
	- Requested	d in the future:
4.	Explosion proof: Explosion proof? Yes () / No () - If yes, Zone / Division:	
5 .	Switchboard: - Distance switchboard to washing machine:	

