INQUIRY - QUESTIONNAIRE

Sender company: ____________________________

Name: ____________________________

Tel / Fax: ____________________________

Date: ____________________________

our reference: ____________________________

Do you have cooling water? [ ] no [ ] yes

Max. budget approx. [ ] $ [ ] EUR

Do you have wax melting tanks? [ ] no [ ] yes

Available paraffin:
- melting point: .......... °C/°F
- penetration: ............
- oil content: ............%

Desired production: ......... candles / hour
Operating hours / year: .........

Capacity: ......... tons / year

Heating medium:
- [ ] hot water
- [ ] steam
- [ ] electricity
- [ ] thermal oil

Do you have wax melting tanks? [ ] no [ ] yes

Room temperature: ............ °C/°F
Relative humidity: ............ %

Outdoor temperature:
- summer: ............ °C/°F
- winter: ............ °C/°F

Loadable neutral?: [ ] no [ ] yes
Voltage: .......... V
PH: .......... Hz

Separate ground?: [ ] no [ ] yes

Do you have cooling water?: [ ] no [ ] yes

Desired production:
- summer: .................
- winter: ................

Surface:
- [ ] plain
- [ ] fluted
- [ ] twisted

Special features / instructions:

- [ ] Hot water
- [ ] Steam
- [ ] Electricity
- [ ] Thermal oil

Sender company:
- Name:
- Tel / Fax:
- Date:
- our reference:

Yes: [ ] Phone us back
[ ] agree on an appointment
[ ] send us further material

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................. candles / hour
................. tons / year
................. operating hours / year

..technology for candles..