



QUESTIONNAIRE

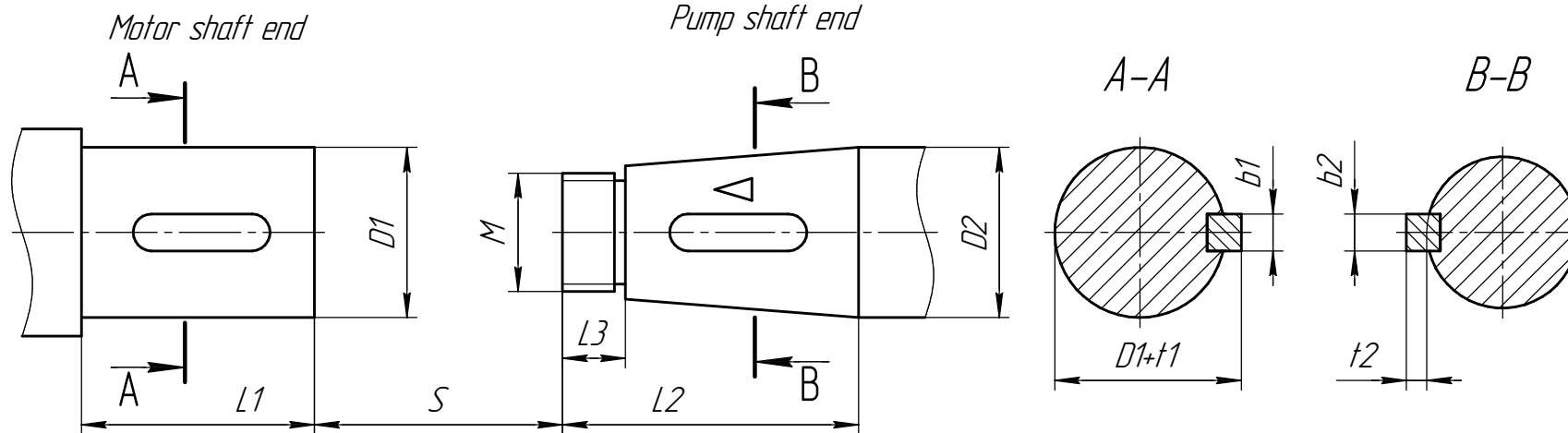
Customer _____

Department (workshop, production) _____

Post address _____

Contact person _____

(full name, position, telephone, fax)



Pump type	N_{motor}, kW $n_{motor}, rev/min$	Dimensions, mm											Qty., pcs.		
		S	D1	L1	b1	D1+t1	D2	∠	L2	L3	b2	t2		M	

keyway B-B is parallel to rotation axis

keyway B-B is parallel to cone generatrix

Questionnaire was filled by: _____

(Full name, position)

(Signature)

(Date)