

## (757)327-0036 info@chasefiltercompany.com

## **Filter Assembly Application Sheet**

Contact Name:			X-XXX XXX XXX XXX XXX XXX XXX XXX XXX X
Company Name:			
Address:			
City:			
Phone:	Fax:	E-Mail:	
Catalog Needed: Y or N			
ndustry: Component Being Protected:			
Fluid:	Flow:		
Operating Pressure:	Max. System	Pressure:	Temp:
Line Size: Sp	o.Gravity/Viscosity:	Terminal D	elta P:
Micron Rating:	O-Ring Material:	Eleme	nt Collapse:
Element Media: Sintered	Bronze Sintered S	tainless Glass _	Stainless
Housing Material: Brass_	Stainless Steel	Aluminum	_
Tee Type Options: Visual	Electrical By	pass Valve Gau	uge Ports
Notes:			
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