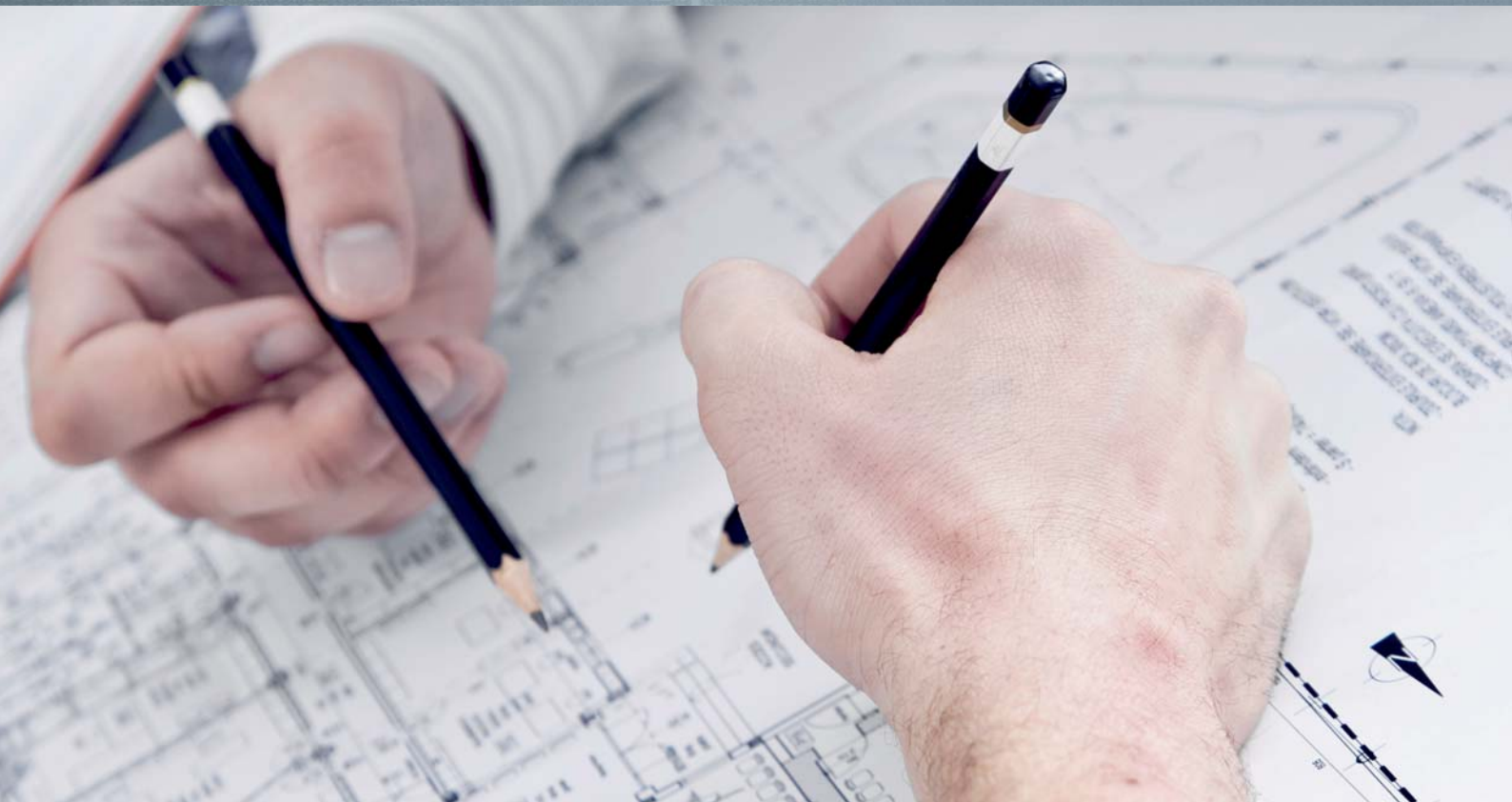




SUPPORT

PLANNING QUESTIONNAIRE



We like to support you in the planning and construction of your air curtain system.

Please simply fill in the questionnaire overleaf as much as possible and send it by fax to: **+ 49 (0) 2683 9694-50**

TEDDINGTON



Company _____	Telephone _____
Street _____	Fax _____
Postcode, Place _____	E-mail _____
Contact person _____	Date _____
Building project _____	

Attachments: <input type="checkbox"/> Outline <input type="checkbox"/> Ground plan <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<input type="checkbox"/> SHOP & BUSINESS	<input type="checkbox"/> DESIGN	<input type="checkbox"/> INDUSTRIES
Favoured equipment series:	Favoured equipment series:	Favoured equipment series:
<input type="checkbox"/> L-Series	<input type="checkbox"/> Saphir/Topas/Sintra	<input type="checkbox"/> Induvent
<input type="checkbox"/> A-Series	<input type="checkbox"/> Rondo	<input type="checkbox"/> Ratiovent
<input type="checkbox"/> C-Series	<input type="checkbox"/> Charisma	<input type="checkbox"/> Friguvent
<input type="checkbox"/> E-Series	<input type="checkbox"/> Delta	
	<input type="checkbox"/> Ellipse	

Installation type:	Building position:	Indoor:
<input type="checkbox"/> Horizontal or <input type="checkbox"/> Vertical	<input type="checkbox"/> Single-storey	<input type="checkbox"/> Balanced pressure conditions
↓	<input type="checkbox"/> Multi-storey	<input type="checkbox"/> Low pressure conditions
<input type="checkbox"/> Visible	<input type="checkbox"/> With a porch	<input type="checkbox"/> Over pressure conditions
<input type="checkbox"/> Suspended ceiling installation	<input type="checkbox"/> Sheltered position	<input type="checkbox"/> Room temperature: _____ °C
<input type="checkbox"/> Inserted ceiling installation	<input type="checkbox"/> Prone to wind	

Door / gate:		
<input type="checkbox"/> Manual	<input type="checkbox"/> Sliding door	<input type="checkbox"/> Rolling shutter gate
<input type="checkbox"/> Automatic	<input type="checkbox"/> Revolving door	<input type="checkbox"/> Articulated shutter gate
<input type="checkbox"/> Rotating door / Swinging door	<input type="checkbox"/> Curved sliding door	<input type="checkbox"/> Folding shutter gate
		<input type="checkbox"/> Width: _____
		<input type="checkbox"/> Height: _____
		<input type="checkbox"/> Installation height: _____

Heating medium:	Further information:
<input type="checkbox"/> PWW _____ / _____ °C	_____
<input type="checkbox"/> Electric	_____
