

## Request for Contact about WATT Fluid Applicator $^{\mathrm{TM}}$

Date:	<u> </u>	
Name:		
Company:		
Address:		
Phone:		
Fax:		
Email:		
	<u>Requirements</u>	
Spray down:	Spray up:	Both:
Strip: Max width:	Min width:	
Thickness:	Max speed:	
Continuous strip (y	ves/no):	
Fluid: Type:		
Is the fluid heated	(if yes to what temp)?	
Max coverage:	Min coverage:	
Pass line height:		
Power Supply:		