

Driflex™ Complete Oil Conditioning Application Information

Application			
End User Company Name:		Contact Name:	
		Phone:	Fax:
Plant/Site Name:		Email:	
Application I.D./Description:		Secondary Contact: Phone:	

Process Conditions				Fluid and Fluid Quality	
Reservoir Size	Liters	Gallons	Manufacturer		
			Trade Name		
Process Circulation Rate	LPM	GPM	Viscosity Grade		
Pump Discharge Pressure	PSIG	BAR	Replacement Cost		
			US \$/Liter		US \$/Gallon
Operating Temperature		° C	° F	Last Filled / Age	
Ambient Temp Range			Relative Humidity	Frequency of Top-Off	
Machine Operation	Hours/day	Weeks/year		Volume Added/Top-Off	
Moisture Ingression Mode <small>[breather, seals, wash down, etc]</small>			Samples Collected By/Analysis Performed By		
Estimated Ingression Rate			Typical ISO Cleanliness Code		
Typical Moisture Content			Desired ISO Cleanliness Code		
Most Recent Oil Analysis - please attach copy					
Additional Comments:					

Submitted by:	Company:
Phone:	Email:

Present Filtration System	Mfr.	P/N	Removal Rating	Change-out Frequency
Pressure Filter(s)				
Return Filter(s)				
Off Line System				
Breather				



Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	CC:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212