



Date :

Company Information

Name:	<input type="text"/>	Title:	<input type="text"/>
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province :	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>		
Country:	<input type="text"/>		
Preferred Contact Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Text
	<input type="checkbox"/> All		

Your Filtration Needs

The more details you provide, the better we'll be able to custom tailor a filtration solution to your needs.

Timeline	<input type="checkbox"/> Immediate	<input type="checkbox"/> 1-3months	<input type="checkbox"/> 3-6months	<input type="checkbox"/> 6month to one year
Industry:	<input type="text"/>		Application:	<input type="text"/>
Pressure (PSI):	<input type="text"/>		Flow (GPM):	<input type="text"/>
Line Size (INCH):	<input type="text"/>		Water Source:	<input type="text"/>
Problem Caused/Why Filtration?	<input type="text"/>		Pump Data (H/P, RPM)	<input type="text"/>

Additional Details

Referral:	<input type="text"/>
Comments :	<input type="text"/>

Flow Diagram

Comments

The privacy and protection of your personal information are vitally important to us. Automatic Filters LLC. does not make personal information available to any third parties without your permission. For more information, please review our Privacy Policy.

* You will hear back from us in one business day.

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