

Date:

Information sheet

Application New Modify

Company	Name: _____ E-Mail: _____		
	Address: _____		
	TEL: _____	FAX: _____	
Application	<input type="checkbox"/> Speaker <input type="checkbox"/> Optical pick-up <input type="checkbox"/> Damper <input type="checkbox"/> Lubrication <input type="checkbox"/> Medical <input type="checkbox"/> Magnetic pattern observation <input type="checkbox"/> Other. Please specify (_____)		
Requirements	Operating temp.	Min °C : MAX °C	
	Humidity	Min %RH : MAX %RH	
	Life	Hours @ °C	
	Materials contacting with a ferrofluid	<input type="checkbox"/> Metals: _____	
		<input type="checkbox"/> Rubbers: _____	
		<input type="checkbox"/> Plastics: _____	
		<input type="checkbox"/> Others Please specify: _____	
	Preferable type of carrier liquid for a ferrofluid	<input type="checkbox"/> Water	
		<input type="checkbox"/> Oil	<input type="checkbox"/> Hydrocarbon(_____)
			<input type="checkbox"/> Ester(_____)
<input type="checkbox"/> Other (_____)			
<input type="checkbox"/> Solvent	<input type="checkbox"/> Alcohol(_____)		
	<input type="checkbox"/> Other (_____)		
Preferable properties	Saturation magnetization: _____ mT	Viscosity @ 27 °C: _____ mPa·s	
Price target			
Consumption amount	_____ /month	Lead time _____	
Other requests (pls. expand as much as possible, preferably with a sketch)			