

Viskon-Aire Corp. -- Filter Survey

Date: _____

Shop: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Booth Type:

Crossdraft

Downdraft

Manufacturer: _____

Model: _____

Cars Painted per Week: _____

or

Paint Hours per Week: _____

Intake Filters

Width: _____

Length: _____

Quantity: _____

Width: _____

Length: _____

Quantity: _____

Width: _____

Length: _____

Quantity: _____

Paint Arrestors / Exhaust Filters

Width: _____

Length: _____

Quantity: _____

Width: _____

Length: _____

Quantity: _____

Prefilters

Width: _____

Length: _____

Depth: _____

Quantity: _____

Width: _____

Length: _____

Depth: _____

Quantity: _____

Width: _____

Length: _____

Depth: _____

Quantity: _____

Completed Forms Should be Returned to Visikon-Aire Corp.

Fax (410-543-0545) / Email (sales@viskon-aire.com)