



PUROFLUX Corporation

Notice of Sales Assistance

2121 Union Place
Simi Valley, CA 93065
Phone: (805) 579-0216
Fax: (805) 579-6005
Email: sales@puroflux.com
Website: www.puroflux.com

Please return completed form to Puroflux Corporation

Puroflux Representative

Firm Name: _____
Location: _____
Phone: _____
Sales Representative: _____
Date: _____

Source of Specification

Firm: _____
Location: _____
Bid Date: _____
 Owner Engineer Other

Purchasing Details

Firm: _____
Phone: _____
Employee contact: (if applicable)

End-User
 Contractor (Pre-determined)
 Contractor (To be determined)

Project Description

Job Name and Location:

Proposed Puroflux Equipment:

Anticipated Flow Rate(s): _____

Associated Equipment:
 Cooling Tower: _____
 Heat Exchanger: _____
 Other: _____

Comments: _____

Internal Use	
Territory Representative: _____	
Date: _____	Processed by: _____