

## APPLICATION FORM

Chemical resistance and application release of BROEN BALLOFIX<sup>®</sup> FULL FLOW

### Applicant/Sender

Company Name:

Contact person:

Address:

Country:

E-mail, telephone, etc.:

### Application type (when available, always add the material data sheets in English)

Project name:

Medium:

Percentage/mixture of the medium:

Min. and max. pressure:

Min. and max. temperature:

Type of application:

Other information:

Products	Dimensions requested
<input type="checkbox"/> BROEN BALLOFIX <sup>®</sup> FULL FLOW, stainless – EPDM	<input type="checkbox"/> DN10 <input type="checkbox"/> DN15 <input type="checkbox"/> DN20 <input type="checkbox"/> DN25 <input type="checkbox"/> DN32 <input type="checkbox"/> DN40 <input type="checkbox"/> DN50
<input type="checkbox"/> BROEN BALLOFIX <sup>®</sup> FULL FLOW, galvanized – EPDM	<input type="checkbox"/> DN10 <input type="checkbox"/> DN15 <input type="checkbox"/> DN20 <input type="checkbox"/> DN25 <input type="checkbox"/> DN32 <input type="checkbox"/> DN40 <input type="checkbox"/> DN50

Please send this information to [broen@broen.com](mailto:broen@broen.com) including the necessary material data sheets.

## BROEN A/S

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[www.broen.com](http://www.broen.com)