



SPECIALIZED LUBRICANTS

Date : _____

R&D Authorization	<input type="checkbox"/>	<input type="checkbox"/>
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Distributor : _____

Contact : _____ Tel : _____ Fax : _____

Client / User : _____

Contact : _____ Tel : _____ Fax : _____

Application : _____

Problem description : _____

Lubricant used : _____

Recommended Lubricant : _____

Operating Temperature : _____ R.P.M. : _____

Bearing / gear diameter (mm) : _____

Oil change interval / Grease lubrication frequency : _____

Oil tank capacity (L) : _____

Contaminants / Special conditions : _____

Recommendation : _____

Name : _____ Date : _____