

Enquiry Form

Camozzi

	Mill (works) address	Details of Contact person (Designation, Department, Mobile no.,mail id)		
Form No.	CAMOZZI/11-12/	Name	Designation	Contact Number
Issued Dated				

Factory Details :

Products Produced:	
Production Capacity / Day:	
Compressor Details:	
Installed Capacity in kW :	
Installed Capacity in CFM :	
UtilisedCapacity in kW :	
UtilisedCapacity in CFM :	

Areas of Interest:

Actuators / Cylinders	<input type="checkbox"/>
Direction Control Valves	<input type="checkbox"/>
Filter / Regulator / Lubricators	<input type="checkbox"/>
One Touch Fittings	<input type="checkbox"/>
Polyurethane Hoses	<input type="checkbox"/>
Special Cylinders	<input type="checkbox"/>
Others, if any	<input type="checkbox"/>

Present Usage:

Make	Products Used

Form Filled By	Date	Expected Reply Date	Other Remarks

Note : Please fill the required details and mail this form to support@systelgroups.com or mktg@systelgroups.com



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