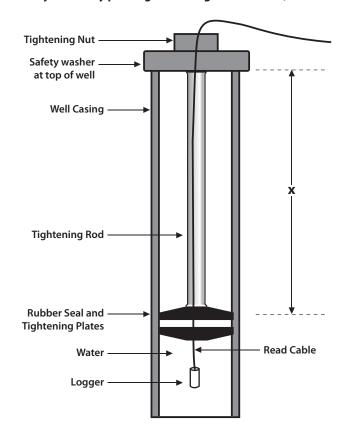
## Ordering Information Monitoring Well Packer

Please fill in the forms below for required product specifications. You may submit by printing and faxing OR via email (see contact below).



## **PRODUCT SPECIFICATIONS**

## **CUSTOMER INFORMATION**

| CASING ID:                                     | CUSTOMER NAME/BUSINESS:             |
|--|-------------------------------------|
|  |                                     |
| LENGTH OF X:                                   | BILLING ADDRESS:                    |
|  |                                     |
| SAFETY WASHER REQUIRED: YES NO                 |                                     |
| REQUIRED LENGH OF READ CABLE (IF APPLICABLE):  | POSTAL CODE/ZIP CODE: PHONE NUMBER: |
| REQUIRED LENGTH OF READ CADLE (IF APPLICABLE): |                                     |
|  | SHIPPING ADDRESS:                   |
| TAX IDENTIFICATION NUMBER (USA ONLY):          |                                     |
|  |                                     |
|  |                                     |
|  | POSTAL CODE/ZIP CODE: PHONE NUMBER: |
|  |                                     |





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