	Quotation Request									
Fridge or Freezer		l.								
Customer Name:					'				REAL	
Address:										
								C.K	~	
Contact Name:						ı			1	
Tel:										
Email:										
Product being stored:										
Integral refrigeration:	Area needs ventilation									
Remote refrigeration:										
Pipe Run:	From room to outdoor unit									
Power available:	3 phase or Single Phase									
Drain Pump required:	•		***************************************							
Diamir amprequieu.										
External Unit Mounting:	Wall or flo	or								
External offic mounting.										
Cold Room Size:	WxDxH	external								
Door Type:	Hinged or Sliding									
Door Size:	Clear oper									
Floored or Floorless	Freezers must have a floor									
Side Infills:	1100201311	iast nave t	3 11001							
Top Infills:										
Finished Ceiling Height:										
rinished Celling Reight:		Infills allow for a false ceiling to be connected to our rooms								
	The second secon									
PI	Standard N	lon Slin								
Flooring:	Stanuaru	von siip								
Ob - b-l T l										
Shelving Tiers:										
Shelving how many walls:										
D Ol4-b-										
Room Sketch:										
	ıт you are	unsure ho	w to comple	ete the abo	ove please c	ontact us T	EL: 01162 751331	or sales@c	eiitnerm.co	.uK