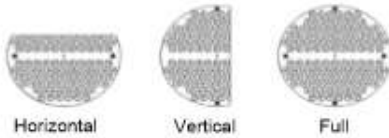


**U-TUBE BUNDLE** (in shell/service)

**BAFFLE CUT ORIENTATION**

(circle one)



Horizontal      Vertical      Full

**NUMBER OF BAFFLES:**

**NUMBER OF PASSES**

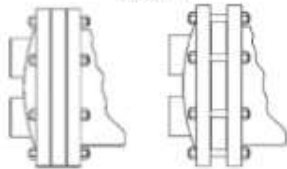
(circle one)



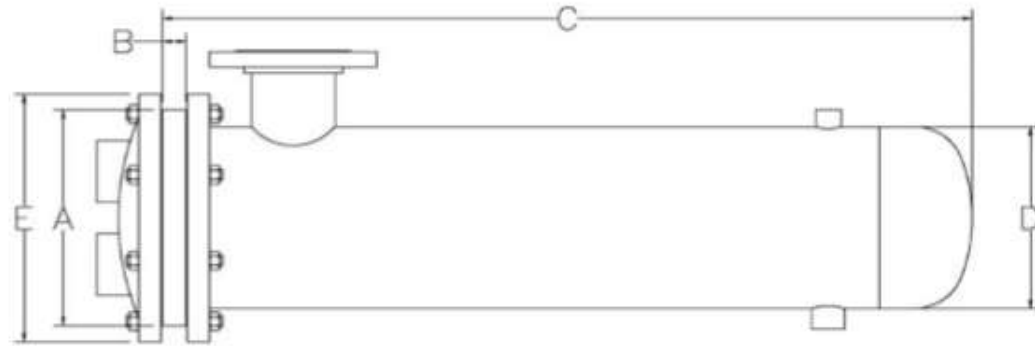
2-Pass      4-Pass      6-Pass

**BOLTING INFORMATION:**

(circle one)



Full Face      Boltless Tube Sheet



**DIMENSIONAL INFORMATION:**

<b>A:</b>	<b>B:</b>	<b>C:</b>	<b>D:</b>	<b>E:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**MATERIALS OF CONSTRUCTION:**

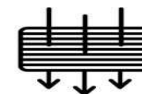
<b>TUBE SHEET:</b>	<b>U-TUBES (MATERIAL):</b>	<b>TUBE OD &amp; THICKNESS:</b>	<b>BAFFLES:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**BOLTING INFORMATION: (If applicable)**

<b>NUMBER OF BOLTS:</b>	<input type="text"/>
<b>BOLT HOLE DIAMETER:</b>	<input type="text"/>
<b>BOLTING MATERIAL:</b>	<input type="text"/>
<b>BOLT CIRCLE DIAMETER:</b>	<input type="text"/>

**ADDITIONAL NOTES:**

(Check Appropriate Boxes)	<b>Tubeside</b>	<b>Shellside</b>	<b>CURRENT UNIT:</b>	<b>Contact Information:</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer:	Company:	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Model Number:	Name:	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>		Phone:	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>		Email:	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>			Date:	<input type="text"/>



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