



ATOMIZING SYSTEMS INC

Manufacturers of **COLD FOG**[®] Systems

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Required Information For Calculating COLD FOG[®] System Proposals:

Company: _____ **Date:** _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip** _____ - _____

Country: _____ **Telephone:** _____ **FAX:** _____

E-mail: _____ **Install Date:** _____

Project Type: Humidity Cooling Dust Odor Sanitation Special Effects

Other _____

Desired Humidity: _____ (RH%)

Desired Air Temperature: _____ °F or °C

Air Inlet Duct Dimensions: _____ H x _____ W Meters or Feet

Water Source: RO @ _____ Pressure _____ GPM Flow @ _____ °F or °C

DI @ _____ Pressure _____ GPM Flow @ _____ °F or °C

Fax this form back to Atomizing Systems Inc. at: 201-447-6932
Or Email as attachment to info@coldfog.com

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