



*TRANSFORMING AN INDUSTRY*

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## Delta Mechanical Seals Offshore Reseller Customer Information Form

Return to Attn: Marketing Manager

Date \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail No. \_\_\_\_\_

1. How did you first learn of Delta? \_\_\_\_\_  
\_\_\_\_\_

2. Have you or your company done business with Delta Mechanical Seals in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when \_\_\_\_\_ With what company \_\_\_\_\_

3. What is your primary interest at this time?

A. Literature \_\_\_\_\_

B. Technical information \_\_\_\_\_

C. Application/selection \_\_\_\_\_

D. Price quote and delivery \_\_\_\_\_

E. Other \_\_\_\_\_

4. What type of business is your company?

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