

# Request for Mars Application & Product Selection



Complete this form online at marsair.com or email to joek@kb-sales.com or call 402.681.9119

Company .....  
Contact .....  
Project/chain .....  
Location .....  
Phone ..... Fax .....  
Email .....

## 1 Installation

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Manufacturing         | <input type="checkbox"/> Warehouse              | <input type="checkbox"/> Food-processing plant  | <input type="checkbox"/> Restaurant       |
| <input type="checkbox"/> Cold-storage facility | <input type="checkbox"/> Walk-in cooler/freezer | <input type="checkbox"/> Office/retail building | <input type="checkbox"/> In-ceiling mount |
| <input type="checkbox"/> .....                 |   |   |   |

## 2 Application (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Building-temperature control | <input type="checkbox"/> Refrigerated room temperature control |
| <input type="checkbox"/> Environmental separation     | <input type="checkbox"/> Repel strong wind gusts               |
| <input type="checkbox"/> Insect control               | <input type="checkbox"/> Other .....                           |

3 Size of door or window W ..... " H ..... "

## 4 Location of door or window opening

- Exterior wall — separating the outside elements from the inside of the building  
 Interior wall — separating two interior workspace areas

5 Traffic flow  High  Low

6 Heat function required?  Yes  No  Unknown  
If yes, indicate heating mode  Electric  Steam  Hot water  Indirect fired gas

## 7 Building conditions (all lines A through D are required)

- |   |  |  |
|---|--|--|
| A) Negative pressure                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Unknown   |
| B) Electrical specifications                            | V ..... $\Phi$ .....                                     | Hz ..... (standard = 60)   |
| C) Door type  | <input type="checkbox"/> Single-hinged                   | <input type="checkbox"/> Double-hinged <input type="checkbox"/> Sliding      |
|   | <input type="checkbox"/> Roll-up                         | <input type="checkbox"/> Return-track <input type="checkbox"/> Vertical-lift |
|   | <input type="checkbox"/> Garage-style                    | <input type="checkbox"/> Other .....   |
| D) Number of independtly moving doors under air curtain | <input type="checkbox"/> One                             | <input type="checkbox"/> Two (i.e., double-hinged)                           |

## 8 Accessories

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Door switch    | <input type="checkbox"/> Control panel     | <input type="checkbox"/> Thermostat |
| <input type="checkbox"/> Heat on demand | <input type="checkbox"/> Mounting brackets |                                     |

9 Is there any obstruction above the door opening that might hinder the flow of air from the air curtain outlet and thus require it to be mounted away from the wall? (If yes, please explain in Comments, below.)

- Yes  No  Unknown

Comments .....  
.....  
.....

## Additional information requested (check all that apply)

- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> Quote | <input type="checkbox"/> Product brochure | <input type="checkbox"/> Submittal drawing/specification |
|--------------------------------|---|--|

Return to .....  
Email .....  
Phone .....  
Fax .....