

General Information Request Fax Form

Please fill out pertinent sections and fax this form back to 978-671-0014 to receive detailed information about our products or services. Thank you for your interest in Mass-Vac.

First Name _____ Last Name _____

Title _____ Company _____

Address _____

City _____ State/Province _____ ZIP/Postal code _____

Telephone _____ Fax _____ E-mail _____

Indicate the products or services about which you would like to receive more information:

- | | |
|--|--|
| <input type="radio"/> MV MULTI-TRAP® | <input type="radio"/> Degassing Systems |
| <input type="radio"/> MV POSITRAP® | <input type="radio"/> Central Source Vacuum Systems |
| <input type="radio"/> MV VISI®TRAP | <input type="radio"/> Replacement Filter Elements |
| <input type="radio"/> Oil Mist Eliminators | <input type="radio"/> Pump Rebuilding Services |
| <input type="radio"/> Visiflow Oil Filtration System | <input type="radio"/> Please have a sales representative contact me |

Any additional comments? _____



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