



PA VISION SDN BHD

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Client Enquiry Form- Water Detection System

Dear Customer: To avoid error in quotation and to be more accurate to serve you better, we need more information based on attached client enquiry form, please fill up the form for each room that need to be protected.

Client Information			
Company:			
Person In Charge:		Contact Number:	
Email:		Fax Number:	
Project Name:		Site Location:	
Room Descriptions			
Room Name:			
Height (m):	Length(m):	Width(m):	
Attached drawings if odd shape.			
Protection area : <input type="checkbox"/> Perimeter of the room <input type="checkbox"/> Air Cond Drain Pan <input type="checkbox"/> Special Area (Attached drawings)			
Connection to High Level Interface/ Building Management/EMS system : <input type="checkbox"/> Yes <input type="checkbox"/> NO			
If yes, Model and Brand Of EMS: _____ High Level Interface: Modbus			
Locating or Non-locating system for water leak location: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specified Model request: <input type="checkbox"/> ELSA 3L-NP <input type="checkbox"/> ELSA 3L-AP <input type="checkbox"/> ELSA 3L-SP <input type="checkbox"/> ELSA 3L-DP <input type="checkbox"/> ELSA 3L-ONP			
Other Model: _____			
Others special request/applications:			
Scope of Work	<input type="checkbox"/> Supply – Deliver – Install – Commission		<input type="checkbox"/> Supply – Deliver – Commission
	<input type="checkbox"/> Supply – Commission	<input type="checkbox"/> Supply	<input type="checkbox"/> Others _____

Note: 1) Attached specification/technical data or BQ if any.
 2) Attached drawings of possible. (Indicate possible mounting location)