

# Custom order information sheet

*Ferrofluid*

## GENERAL

Date. / /

Company Name \_\_\_\_\_

Location \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

<b>Desired material</b>	<input type="checkbox"/> Ferrofluid <input type="checkbox"/> MRfluid <input type="checkbox"/> Magnetic compound fluid (MCF).		
<b>Hopefully effects</b>			
<b>Purpose</b>			
<b>Temperature condition</b>	Min. _____ °C	Max. _____ °C	
<b>Humidity condition</b>	Min. _____ RH%	Min. _____ RH%	
<b>Life time</b>	_____ h @ _____ °C		
<b>Contact material to ferrofluid</b>	<input type="checkbox"/> Metal <input type="checkbox"/> Rubber	<input type="checkbox"/> Resin <input type="checkbox"/> Others ( _____ )	
<b>Base fluid</b>	<input type="checkbox"/> Water	<input type="checkbox"/> Alcohol ( _____ )	
		<input type="checkbox"/> Others ( _____ )	
	<input type="checkbox"/> Synthetic oil	<input type="checkbox"/> Hydrocarbon ( _____ )	
		<input type="checkbox"/> Ester ( _____ )	
	<input type="checkbox"/> Others ( _____ )		
	<input type="checkbox"/> Solvent	<input type="checkbox"/> Others ( _____ )	
<b>Physical properties</b>	Saturation Magnetization _____		Viscosity _____
<b>Price</b>			
<b>Volume plan</b>	_____ /Month	<b>Lead time</b>	_____
<b>Remarks</b>			

Internal use

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