CASE STUDY FORM

Please submit your completed form to Annexair Marketing Department at marketing@annexair.com.



Your Name:			Your Email:		
PROJECT INFORMA	TION				
Project Name:					
City:			Main Metropolitan Area:		
Owner(s):					
Rep Firm:					
Design Team:					
Mechanical Engineer:			Mechanical Contractor:		
Type of Construction:	New	Retrofit	Project Size:		sq.ft.
Construction Budget:	\$		Start & Completion Date	:	
Annexair's Solution:					
Model Number #1:				Qty of Units:	
Model Number #2:*				Qty of Units:	
Model Number #3:*				Qty of Units:	
Total Cooling Capacity:		Tons	Total Heating Capacity:		MBH
*If applicable			Total Air Required:		CFM
	SALES PERSON'S NAME		REP OFFICE		
Owner/Jobsite:					
Mechanical Engineer:					
Mechanical Contractor:					
Mechanical Contractor:	NECDOT	or OTHER AD	DITIONAL INFORMATIO	N	