

BYPASS/FILTER FEEDER RFQ

Form QUOTEFDR



CUSTOMER INFORMATION

Contact Name: _____ **Date:** _____
Company Name: _____ **Writer:** _____
Address: _____ **Rep:** _____
 _____ **Territory:** _____

Phone: _____ **Fax:** _____
Mobile: _____
 Product Delivery Required: _____ **E-mail:** _____
 Quote Needed By: _____ **Website:** _____

FEEDER INFORMATION

Equivalent Model Number: _____
Manufactured By: _____
 Gallons: 1 2 5 10 **Other:** _____
 Material: Steel 316SS PVC **Other:** _____
 Style: Flat Bottom Dome Bottom Horizontal
 High Pressure **Describe:** _____
 Max. Temp.: _____ °F °C **Other:** _____
 Pressure: _____ PSI Bar **Other:** _____
Fittings Size/Type: NPT Flange **Other:** _____
Accessories: Closure Filter Micron _____ **Material** _____
 Sight Level Flow Indicator Valve Package Funnel
 Epoxy Coating Hose Kit Valve Package _____

ADDITIONAL/INSTALLATION FITTING SCHEDULE

#	Qty	Size	Thread/Flange	Describe Fitting and Location
1)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
2)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
3)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
4)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
5)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
6)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
7)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
8)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____
9)	Ea _____	In _____	<input type="checkbox"/> Thd <input type="checkbox"/> Flg	_____

OPERATIONS & APPLICATION

Describe the operation/application for this feeder: _____
