

BYPASS/FILTER FEEDER RFQ

Form QUOTEFDR Rev February 2020



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 Other: _____
 Max. Temp.: _____ °F °C Other: _____
 Pressure: _____ PSI Bar Other: _____
 Fittings Size/Type: NPT Flange Grooved 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: _____
