

PUMP REQUEST

Form QUOTE PUMP 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: _____

PUMP INFORMATION

Equivalent Model Number: _____

Manufactured By: _____

Pump Type:

☐ Metering

☐ AODD

☐ Centrifugal

☐ Magdrive

☐ Drum Pump

Output: _____

☐ GPH

☐ GPM

☐ LPM

☐ M³H

Pressure: _____

☐ PSI

☐ Bar

☐ TDH

Suction Installation: _____

☐ Flooded

☐ Lift

Distance: _____

☐ FT

☐ Mtrs

Discharge Installation: _____

Distance: _____

☐ FT

☐ Mtrs

Discharge PSI: _____

(Over 5FT discharge, briefly explain)

Enclosure Type:

☐ Open

☐ TENV

☐ TEFC

☐ EXP

☐ Air

Electrical:

☐ 110VAC

☐ 208VAC

☐ 230VAC

☐ 480VAC

(Voltage/Phase/Hertz)

☐ 1 Phase

☐ 3 Phase

☐ 60 Hertz

☐ 50 Hertz

Equipment:

☐ Pump Stand

☐ Wall Mount

☐ Pump Cover

☐ Skid

☐ Tank

☐ Tank Stand

☐ Mixer

☐ Control Panel

☐ Pressure Relief

☐ Back Pressure

☐ Pulse Dampener

☐ Flow Monitor

☐ Foot Valve

☐ Injection Valve

☐ Injection Quill

Controllers:

☐ pH

☐ ORP

☐ Conductivity

Explosion Proof Req.: _____

Class: _____

Div.: _____

Group: _____

Air Motor Req.: _____

CFM: _____

PSI: _____

Filter/Reg./Lub.: _____

Control Features:

☐ 4-20mA

☐ 0-5VDC

☐ 0-10VDC

☐ External Switch

Note: Use "Equipment Specific Quote Forms" for further information on products needed.

FLUID INFORMATION

Chemical: _____

Percentage: _____

Temperature: _____

☐ Ambient

☐ °F

☐ °C

Viscosity: _____

☐ Centipoises

☐ SSU

Specific Gravity: _____

% Solids: _____

Other: _____

OPERATIONS & APPLICATION

Describe the operation/application for this pump: _____

P.O. Box 8697, Brea, CA 92822-5697 ♦ Phone 714) 257-9165

113 Viking Ave., Brea, CA 92821 ♦ Fax 714) 257-9215

www.gtpcompany.com ♦ www.customerservice@gtpcompany.com