

Customer: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
email: \_\_\_\_\_

Date: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

QUOTE NO.: \_\_\_\_\_ ITEM NO. \_\_\_\_\_

<b>GENERAL INFORMATION</b>	Quantity: *	
	Line Size: *	
	Class (ANSI/API):*	
	Model:	
	End Connections: *	
	Material: Body*	
	Trim *	
	Spring	
	Seating	Metal <input type="checkbox"/> Soft <input type="checkbox"/>
	Gaskets/O-ring	
Bolting		
Tag No: _____	Brass ___ Stainless ___ Other: _____	

<b>FLUID DATA</b>	Fluid State *	Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Steam <input type="checkbox"/>		
	Fluid: *			
	Specific Gravity: *			
	Design Conditions:	Pressure:	Temp.:	
	Operating Conditions:	Flow*	Pressure *	Temperature*
	Units: (i.e. GPM,PSI,°F, etc.)	_____	_____	° _____
	Normal *			
	Maximum			
Minimum				

<b>INSTALLATION DATA</b>	Orientation: *	Horizontal <input type="checkbox"/> Vert. flow: <b>Up</b> <input type="checkbox"/> <b>Down</b> <input type="checkbox"/>	
	Service Application:		

<b>SPECIAL REQUIREMENTS</b>	Specification Nos.:		
	CE MARK		
	Cert. of Compliance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	CMTRs:	Body <input type="checkbox"/>	Trim <input type="checkbox"/>
	Physicals Req.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	NACE Cert.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	NDE: (Specify)		
	Drawings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Packaging:		
Other:			

<b>NOTES</b>	
<b>DELIVERY: _____ wks.</b>	* Denotes Required