

Quote/Order Check List

Date _____ Manufacturer's Rep. or Wholesaler _____

Company Name _____

Company Address _____
ADDRESS CITY STATE/PROVINCE ZIP/P.C.

Company Contact Person _____

Contact Phone _____ Email _____

Project Installation Address _____
CITY STATE/PROVINCE COUNTRY**Application / Intended Use** _____**Fluid To Be Heated:** CITY WATER WELL WATER CAUSTIC/ DE-IONIZED WATER RECIRCULATING WATER **Min. ambient temp. at heater location:** _____
FOR OUTDOOR INSTALLATION FROST PROTECTION (°F or °C?)

Winter Inlet Water Temperature at Installation Address _____ (°F or °C?) Required Outlet Water Temperature _____ (°F or °C?)

Minimum Water Flow Required _____ Maximum Water Flow Required _____
GALLONS PER MINUTE (GPM) GALLONS PER MINUTE (GPM)

Inlet Water Pipe Size _____ Outlet Water Pipe Size _____ Max. System Static Pressure _____

Specify the maximum amperage available for each 3-phase voltage available at the installation site:

3-Phase Voltage:	208 Volt	240 Volt	480 Volt Delta	480 Volt Wye	575 Volt
Amperage Available:	_____ Amps	_____ Amps	_____ Amps	_____ Amps	_____ Amps