**Customer Information**

<table>
<thead>
<tr>
<th>Customer:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Street:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>City/ State/ Zip:</td>
<td>Project:</td>
</tr>
</tbody>
</table>

1. Quote Turnaround:  
   - Std. Turnaround - 5 Business Days  
   - Specified Turnaround

2. Platecoil Application (check one):  
   - Clamp-On  
   - Immersion  
   - Integral  
   - Other

3. Coil Material (check one):  
   - Carbon St.  
   - 304LSS  
   - 316LSS  
   - Titanium  
   - Other

4. Type of Quotation (check one):  
   - Buy  
   - Design  
   - Budget

<table>
<thead>
<tr>
<th>Design Conditions</th>
<th>Product Side</th>
<th>Platecoil Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Flow Rate Gpm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature In °F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature Out °F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure Drop Allowable Psig</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Heat* Btu/(lb °F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Gravity*</td>
<td></td>
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</tr>
<tr>
<td>Thermal Conductivity* Btu/(hr)(ft)°F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viscosity* (at avg. temp) cp@ °F</td>
<td>cp@ °F</td>
<td></td>
</tr>
</tbody>
</table>

*For fluids other than water or steam, properties should be furnished.

5. Design Pressure: ____________________________ psig
6. Design Temperature: ____________________________ °F
7. ASME Code Stamp:  
   - Yes  
   - No
8. Time for Heat-Up/Cool Down: ____________________________ Hours
9. Overall Q if known: ____________________________ Btu/hr

**Tank Information:**

10. Size: ____________________________ L x W x H or ____________________________ Dia x ____________________________ Height
11. Qty: ____________________________
12. Location (check one):  
   - Indoors  
   - Outdoors
13. Top (check one):  
   - Open  
   - Closed
14. Insulated (check one):  
   - Yes  
   - No
15. Thickness: ____________________________
16. Force Vented (check one):  
   - Yes  
   - No
17. Agitated (check one):  
   - Yes  
   - No
18. Ambient Temperature when Operating: ____________________________ °F
19. If Clamp-On, will mastic be used?  
   - Yes  
   - No
20. Freight Estimate Required:  
   - Yes  
   - No  
   If Yes, ____________________________ City/State/Zip

**Remarks / Application Details:**