



Platecoil Fax Form PC-G1-2

Phone No: (940) 723-7125

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E-Mail: platecoil@tranter.com

Date: _____

Customer Information	
Customer:	Phone:
Attention:	Fax:
Street:	E-Mail:
City/ State/ Zip:	Project:

- 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

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