

**THIS QUOTATION WILL BE AVAILABLE TWO WEEKS FROM THE DATE RECEIVED UNLESS OTHERWISE NOTED.
PLEASE HAVE THIS QUOTE DONE BY: DATE _____**

Customer Information:

Date: _____
 Company: _____
 Street: _____

 City / State / Zip: _____
 Name: _____
 Title: _____
 Tel: _____
 Fax: _____
 E-Mail: _____
 Where did you learn about Spiroflow Systems, Inc?
 Representative Direct Mail Trade Show
 Web Site _____ Other _____
 Customer Type:
 End User Reseller OEM
 Industry: _____

Bag Handling:

Forklift
 Integral Roller Bed
 other _____
Filling Rate:
 Weight of Filled Bags _____ lb
 Time required to fill one bag _____ minutes
 Number of bags to fill _____ / hour
 Filling is by: volume weight
 What level of accuracy? +/- _____ lbs
 Fill source: conveyor hopper other _____
 Is a control valve required? yes no
 If conveying required, can we provide a quotation on a
 Flex Screw Aero Mechanical other _____
 Headroom available _____
 What else should we know about handling this material?

Material Characteristics:

Product _____
 Bulk Density (lb/ft³) _____
 Material Form: Powder Pellet Granule
 Flake Fiber Irregular
 Other _____
 Particle size: _____

Material Characteristics:

Cohesive Abrasive Friable
 Smears Dusty Packs
 Aerates Hazardous Toxic
 Corrosive Explosive Flammable
 Affected by static electricity

Flowability (Angle of Repose):

Very free-flowing (Angle of repose 30° or less)
 Free-flowing (Angle of repose 30° -45°)
 Semi Free-flowing (Angle of repose 45° -60°)
 Non Free-flowing (Angle of repose 60° or more)

Liquid Content:

Water _____% Hygroscopic? Yes No
 Fat _____%
 Oil _____%

Project Start-Up:

1st 2nd 3rd 4th Quarter of 20_____

Testing: I am interested in scheduling a test

In the area below, please sketch your application.

*** Please complete Bulk Bag Questionnaire BAG 005 and return with this form ***

Equipment Specifications:

Materials of Construction:

	Support Frame	Product Contact
Carbon Steel, Painted		
304 Stainless Steel		

Electrical Requirements:

- Standard NEMA 4 (Washdown)
 Optional Explosion Proof
 Class _____, Div. _____, Group _____

Electric:
 _____ Volt, _____ Phase, _____ Hz

Options Needed:

- Seismic Zone 4 load cells
 Vibration
 Access Platform
 Weigh Batch Controller
 Weigh Display only
 Control Valve
 Pneumatic Bag Neck Seal
 Bag/Liner Inflation
- Roller Bed motorized gravity
 Take Away Roller Bed
 Automatic Loop Release
 Product Spinner
 Sampling Port
 Drum Filler Attachment
 Gain-In-Weight Load cells

For Spiroflow Sales Representatives ONLY

- Reason for Quote Request: Engineering Input needed
 Buyout items or other equipment not in price list
 Other _____