

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

<p>Customer Information:</p> <p>Date: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City / State / Zip: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Tel: _____</p> <p>Fax: _____</p> <p>E-Mail: _____</p> <p>Where did you learn about Spiroflow Systems, Inc? _____</p> <p>How are you now controlling feed/activation? _____</p> <p>How is this system performing? _____</p>	<p>What else should we know about handling this product? _____ _____</p> <p>Feeding Capacity:</p> <p><input type="checkbox"/> Intermittent _____ minutes ON _____ minutes OFF</p> <p><input type="checkbox"/> Continuous _____ hours per day Rate (s) _____ lb/hr, ft³/hr</p> <p>Bin / Silo Specifications:</p> <p>Bin / Silo shape: <input type="checkbox"/> round <input type="checkbox"/> square <input type="checkbox"/> rectangular</p> <p>Bin / silo size: _____ ft³</p> <p>Straight side: _____ feet</p> <p>Diameter: _____ feet</p> <p>Cone angle: _____ °</p> <p>Outlet diameter: _____ inches</p> <p>Clearance below cone _____ feet</p> <p>Discharge point _____ (truck, bag, conveyor, etc.)</p>
<p>Product Information:</p> <p>Product _____</p> <p>Bulk Density (lb/ft³) _____</p> <p>Material Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pellet <input type="checkbox"/> Granule <input type="checkbox"/> Flake <input type="checkbox"/> Fiber <input type="checkbox"/> Other _____</p> <p>Particle size: _____</p> <p>Angle of repose: _____</p> <p>Temperature: _____</p> <p>Material Characteristics:</p> <p><input type="checkbox"/> Cohesive <input type="checkbox"/> Abrasive <input type="checkbox"/> Friable <input type="checkbox"/> Smears <input type="checkbox"/> Dusty <input type="checkbox"/> Packs <input type="checkbox"/> Aerates <input type="checkbox"/> Hazardous <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Affected by static electricity</p> <p>Liquid Content:</p> <p><input type="checkbox"/> Water _____% Hygroscopic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fat _____% Fat Melting point _____ °F / °C</p>	<p>Materials of Construction:</p> <p>Contact surface: _____</p> <p>Surface finish: _____</p> <p>Non-Contact surfaces: _____</p> <p>Electrical classification:</p> <p><input type="checkbox"/> Non-hazardous NEMA 12 <input type="checkbox"/> Wash Down NEMA 4 <input type="checkbox"/> Explosion Proof NEMA 7 <input type="checkbox"/> Other _____</p> <p>Motor Class: Class _____, Div. _____, Group _____</p> <p>Electrics available: _____ Volt, _____ Phase, _____ Hz</p> <p>Actuator / Positioner & Signal:</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> electric (2-position only) <input type="checkbox"/> pneumatic 0-15 psig <input type="checkbox"/> electric 4-20 mA or <input type="checkbox"/> 0-10 VDC</p> <p>Project Start-Up:</p> <p><input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Quarter of 20 _____</p> <p>Testing: <input type="checkbox"/> I am interested in scheduling a test</p> <p style="text-align: center;">Use Reverse side to sketch layout</p>

