***This quote will be available two weeks from the date received unless otherwise noted.***

***Please complete this quote by:*** *dd/mm/yy*

**QUOTE REQUEST**

|  |  |
| --- | --- |
| Form Completed By: |        |
| Spiroflow RSM:  |        |
| Rep (MFR):  |        |
| Date:  |        |
| Reference:  |        |

**CUSTOMER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Company:  |        | Contact:  |        |
| Street:  |        | Title:  |        |
| City/State/Zip: |        | Phone:  |        |
| Fax: |        | Cell: |        |
| Industry:  |        | E-Mail:  |        |
| Customer Type: | End User  | [ ]  | Reseller  | [ ]  | OEM  | [ ]  | Other  |        |
| How did you hear about us? | Website | [ ]  | Sales Rep  | [ ]  | Trade Pub  | [ ]  | Other  |        |
| Proposals Required By: |        | Intends to Order:  |        |

**APPLICATION DETAILS**

|  |  |
| --- | --- |
| **Material Characteristics** |  |
|  | Product:  |       |
| Bulk Density (lb/ft³): |       |
| Material Form:  | Granular | [ ]  | Pellet | [ ]  | Powder | [ ]  | Flake | [ ]  |
| Fiber | [ ]  | Irregular | [ ]  | Other |       |
| Particle Size: |       |
| Flowability: | Very Free Flowing *(Angle of Repose 30° or less)* | [ ]  | Free Flowing *(Angle of Repose 30° - 45°)* | [ ]  |
| Semi Free Flowing *(Angle of Repose 45° - 50°)* | [ ]  | Non Free Flowing *(Angle of Repose 60° or More)* | [ ]  |
| Hopper Characteristics: | Bridges & Cavities | [ ]  | Yes | [ ]  | No |
| Rat Holes | [ ]  | Yes | [ ]  | No |
| Material Characteristics: | Cohesive | [ ]  | Abrasive | [ ]  | Friable | [ ]  |
| Smears | [ ]  | Dusty | [ ]  | Packs | [ ]  |
| Aerates | [ ]  | Hazardous | [ ]  | Toxic | [ ]  |
| Corrosive | [ ]  | Explosive | [ ]  | Flammable | [ ]  |
| Affected by Static Electricity | [ ]  |
| Liquid Content: | Water       % | Fat       % | Oil       % |
| Hygroscopic? | Yes [ ]   | No [ ]  |
| Project Start Up: | Q1 [ ]  | Q2 [ ]  | Q3 [ ]  | Q4 [ ]  | Year 20    |
| Material Testing: | I am interested in scheduling a test  | [ ]  |
| **Conveying Capacity** |
|  | Intermittent: | [ ]  |       Minutes ON |       Minutes OFF |
| Continuous: | [ ]   |       Hours/Day |
| Rate(s): |        | [ ]  lb/hr  | [ ]  ft3/hr  |
| Feed Source: *Hopper Needed?* | [ ]  Yes |       ft3 |
| [ ]  No | Feed Source:        |
| Feed Hopper Height       in. |
| Discharge Point: *Number of Outlets* | [ ]  Single | [ ]  Multiple       |
| Conveying Distances: | Horizontal       ft | Vertical       ft |
|  | [ ]  Straight Run | [ ]  Bend to Horizontal | [ ]  Bend to Vertical |
| What else should we know about handling this material? |        |
| **Equipment Specifications** |
|  | Materials of Construction:  | **TYPE A****Carbon Steel** **Painted Steel-It** | **TYPE B****304 Stainless Steel****Welds Cleaned** | **TYPE C****304 Stainless Steel****Welds Ground Flush** | **TYPE D****304L Stainless Steel USDA/3A**  |
|  Product Contact | [ ]  | [ ]  | [ ]  | [ ]  |
|  Product Non-Contact | [ ]  | [ ]  | [ ]  | [ ]  |
| Electrical Requirements: | [ ]  Standard NEMA 4 (Washdown) |
| [ ]  Optional Explosion Proof |
| Motor Class: | Class |       | Div |       | Group |       |
| Electrics Available: |       | Volt |       | Phase |       | Hz |
| **Options Needed** |
|  |  | [ ]  Mobile Base  | [ ]  Side Mount Drive |
| [ ]  Variable Frequency Drive | [ ]  Center Core |
| [ ]  Controls | [ ]  Vibration in Hopper |
| [ ]  Steel Tubing | [ ]  Agitation |
| [ ]  Sanitary Seal | [ ]  Level Probe |
| [ ]  Pusher *(Motor Mounted at Inlet – 5’ max.)* | [ ]  Right Angle Gear Reducer *(325 RPM max.)* |
| [ ]  Vibrator [ ]  Electric [ ]  Pneumatic |  |

|  |  |
| --- | --- |
| **D** | **Please Sketch Your Application:** |
| ***If you need an AutoCAD drawing to complete your layout, please call your local Spiroflow Systems Representative for assistance.*** |
| **FOR SPIROFLOW SALES REPRESENTATIVES ONLY: Reason for Quote** |
|  | [ ]  Engineering Input Needed |
| [ ]  Buyout Items or Other Equipment Not in Price List |
| [ ]  Other        |
| **HAZARDOUS AREA CLASSIFICATION FORM** |

***TO BE COMPLETED BY***

***PLANT SAFETY ENGINEER OR OTHER AUTHORIZED PARTY***

**PLEASE RETURN TO SPIROFLOW SYSTEMS, INC.**

|  |  |
| --- | --- |
| Company: |        |
| End User Location:  | *City, State Zip Code*  |
| Contact:  |        *Printed Name*  |       *Signature* |        *Date* |
| Authorized Signature:  |       *Printed Name* |       *Signature* |        *Date* |
|        *Title* |

|  |
| --- |
| **HA HAZARDOUS AREA CLASSIFICATION:** |
| Class: |         |
| Division: |         |
| Group: |         |
| Temperature Rating: |         |
| Specify Hazardous Material: |         |
| Defining Individual: |        *Printed Name*       *Signature*       *Title*       *Date* |

**PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS**