

ENQUIRY FORM

Name: _____ Date: _____

Company: _____ Log No: _____

_____ Tel: _____

_____ Fax: _____

Email: _____

Liquid: _____

Flow Rate: _____ Variable: Yes / No

Suction Pressure: _____ Range: _____

Discharge Pressure: _____

Diff Press/Head: _____

Viscosity: _____

Density: _____

Temperature: _____

Vapour Pressure: _____

Motor: Volt: _____ Phase: _____ Frequency: _____

Motor Options: Thermistors / Heaters / mA, dc or RS232 control

Other: _____

Does the liquid contain solids: Yes / No

If so, detail: _____

Conventionally Sealed / Sealless

Type: Mech Seal / Packed / Lip Seal

NOTES:
