



PUMP INQUIRY FORM

724-864-5959

Please provide as much information as possible to help us assist you.

CUSTOMER INFORMATION

CONTACT NAME _____ TITLE _____

COMPANY _____ WEBSITE _____

E-MAIL _____ TELEPHONE _____

MAILING ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

PUMP INFORMATION

PUMP TYPE Air Fluid DUTY CYCLE Intermittent Continuous

LIFE EXPECTANCY _____ Hours Brushed Brushless

PUMP MOTOR VOLTAGE _____ Volts AC DC

PUMP CURRENT _____ Milliamps Uncertain

MAXIMUM PRESSURE _____ PSIG bar Uncertain

MAXIMUM FLOW RATE _____ Liters/minute Milliliters/minute

PUMP LIFT - HEAD PRESSURE _____ Feet Meters

PUMP SUCTION LIFT _____ Feet Meters Self-Priming not required

TEMPERATURE AMBIENT _____ Fahrenheit Celsius

TEMPERATURE FLUID _____ Fahrenheit Celsius

SUPPLEMENTAL INFORMATION

RANK ATTRIBUTES (Please rank in order of importance, 1 = Most, 4 = Least)

_____ Current Draw _____ Pump Size _____ Pump Life _____ Price

SUBMERSIBLE Yes No Uncertain

SELF-PRIMING Yes No Uncertain

TARGET PRICE _____ US Dollars ESTIMATED ANNUAL QUANTITIES _____

APPLICATION New Existing

APPLICATION DESCRIPTION

FLUID DESCRIPTION

OTHER COMMENTS