

**Requested By:**

Distributor: \_\_\_\_\_ Tier Level \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Forecast Close Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
End User Name/Company\*: \_\_\_\_\_  
Installation Location\*: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
*\*Mandatory fields, request will not be processed if left blank*

**Process Conditions:**

Gas composition: \_\_\_\_\_ MW  
Gas Moisture Content (or pressure dewpoint): \_\_\_\_\_  
Requested Flow (SCFM, Nm<sup>3</sup>/hr, lb/hr, or kg/hr): \_\_\_\_\_  
Inlet Pressure: (Min / Max / Normal) (Specify Gauge or Absolute) \_\_\_\_\_  
Inlet Gas Temperature: (Min / Max / Normal) \_\_\_\_\_  
Requested Maximum Discharge Pressure: (Specify Gauge or Absolute) \_\_\_\_\_  
Required Point of Use pressure: (Specify Gauge or Absolute) \_\_\_\_\_

**Ambient Conditions at Installation location:**

Available power: (Volts / Phase / Hertz) \_\_\_\_\_  
Hazard Classification: (Please specify classification of installation location) \_\_\_\_\_  
Certification required: \_\_\_\_\_  
Control Panel:            Yes            No  
Remotely Mounted:      Yes            No  
Network Communication: Yes            No  
Elevation (above sea level): \_\_\_\_\_  
Will the system be installed indoors or outdoors? (Outdoor installations require roof) \_\_\_\_\_  
Installation Ambient Temperatures: (Min/ Max) \_\_\_\_\_  
Available cooling media: (Water/ Air / Glycol Mix) \_\_\_\_\_  
Cooling media temperature: (If Air, max temp system could be introduced to) \_\_\_\_\_

**Comments / Special Requirements:**

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