



Company Name: _____
 Address: _____
 Contact: _____
 Alternate contact: _____
 E-mail: _____
 Telephone no: _____
 Fax no: _____

Date: _____

Your Ref No: _____

WHEN INQUIRING please provide the following information to enable us to select the right pump:

Qty required: _____

Orientation: _____

Vertical or Horizontal

Pump Type: _____

Self Primed / Priming _____

Required capacity (Q) _____

M3/HR

Required manometric head (H). _____

meters

NPSH required _____

meters

Desired speed (RPM) _____

rpm

Whether the liquids are corrosive _____

Type of driving unit preferred (motor) _____

(diesel, electric, pneumatic or hydraulic)

Chemical or commercial designation of fluid _____

(potable water, chlorine, salt water, fresh water, oil, Grey water, fire fighting, cooling, air conditioning, refrigeration etc...)

Electrical supply available (P) * _____

(voltage and cycles, KW / Phase)

Maximum viscosity at which you expect the liquids to be pumped _____

Your recommendations, if any, regarding materials of construction _____

Other comments/ suggestion: _____



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