

PROPOSAL REQUEST FORM

Customer: _____

Address: _____

Phone: _____ Fax: _____

Website: _____ E-mail: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ E-mail: _____

What is the job to be done: _____

Name(s) of material to be conveyed: _____

Maximum size of material: _____ Temperature of material: _____

Moisture of material: _____ Density of material: _____ lb/ft³ or kg/m³

Desired conveying rate: _____ Max. _____ Avg. _____ Min. _____
(tons/hour)

Distance for conveying: _____ horizontal _____ vertical Lift

Electric power available: _____ volts _____ phase _____ hz.

Electric motor or engine: _____ If engine, diesel, gas or lp: _____

Equipment will be used: _____ hours per day _____ days per week

Desired configuration of the equipment: _____
(refer to pictures in brochures or website, give page # & description)

Compressed air available: _____ yes _____ no Pressure: _____

Manifold piping system involved: _____ yes _____ no

Comments: _____
