

# PLATECOIL<sup>®</sup> fax form

For an estimate, complete and fax this form to Tranter at (940) 723-1131.

## Customer Information

Customer _____	Email _____
Address _____	Phone _____
City, St, Zip _____	Fax _____
Contact _____	Project _____

Quote Turnaround	<input type="checkbox"/> Standard Turnaround (5 business days)	<input type="checkbox"/> Specified Turnaround:			
PLATECOIL Application	<input type="checkbox"/> Clamp-on	<input type="checkbox"/> Immersion	<input type="checkbox"/> Integral	<input type="checkbox"/> Other:	
Coil Material	<input type="checkbox"/> Carbon St.	<input type="checkbox"/> 304LSS	<input type="checkbox"/> 316LSS	<input type="checkbox"/> Titanium	<input type="checkbox"/> Other:
Type of Quotation	<input type="checkbox"/> Buy	<input type="checkbox"/> Design	<input type="checkbox"/> Budget		

## Design Conditions

Medium _____	
Flow Rate _____	Gpm
Temperature In _____	°F
Temperature Out _____	°F
Pressure Drop Allowable _____	Psig
Specific Heat* _____	Btu/(lb)°F
Specific Gravity* _____	
Thermal Conductivity* _____	Btu/(hr)(ft)°F
Viscosity* _____	(at average temperature)
Design Pressure _____	psig
Design Temperature _____	°F

## Product Side

_____	%
_____	
_____	
_____	
_____	
_____	
_____	
_____	cp @ °F
ASME Code Stamp <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overall Q (if known) _____	Btu/hr

## PLATECOIL Side

_____	%
_____	
_____	
_____	
_____	
_____	
_____	
_____	cp @ °F
Time for Heat-up/ Cool Down _____	Hours

## Tank Information

Size _____	L x W x H
Or Size _____	Dia. x H
Quantity _____	
Location <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Top <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Insulated <input type="checkbox"/> Yes <input type="checkbox"/> No	

Thickness _____	
Force Vented <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agitated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambient Temp When Operating _____	°F
If Clamp-on, will mastic be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For freight estimate, please provide destination city/state/zip: _____	

Please fax additional remarks/application details on a separate following page.

\*Note: For fluids other than water or steam, properties should be furnished.