

Engineered Package Quotation Request Form

Company Requesting Quote:	Address:
	City: _____ State: _____
Contact Person:	Telephone # _____
Fax # _____	E-mail Address: _____
Final Destination of Package:	Address:
	City: _____ State: _____
Quote Required by: Day/Month/Year _____	
Budget Inquiry <input type="checkbox"/> Approved Project <input type="checkbox"/>	
Competition: Yes <input type="checkbox"/> No <input type="checkbox"/> Skip Next Question <input type="checkbox"/>	
Competitor # 1:	Competitor # 2:
Competitor # 1 Quote: \$ _____	Competitor # 2 Quote: \$ _____
Date Customer To Submit Purchase Order:	Day/Month/Year _____
Required Delivery Date:	Day/Month/Year _____
Approval Drawings Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gas to Compress: Air <input type="checkbox"/> Nitrogen <input type="checkbox"/> Other <input type="checkbox"/>	
Gas Analysis: Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is Compressed Air / Nitrogen being used for?	
Type Compressor Needed: Reciprocating <input type="checkbox"/> Rotary Screw <input type="checkbox"/> Oil-Free <input type="checkbox"/> Lubricated <input type="checkbox"/>	
Required Capacity: (SCFM 14.7 PSIA, 36°F, 0% RH) _____ SCFM	
Compressor Suction Pressure: _____ PSIA	Required Discharge Pressure: _____ PSIA
Compressor Suction Temperature: _____ °F	Required Discharge Temperature: _____ °F
Job Site Specs:	
Elevation: _____ (Feet Above Sea Level)	
Minimum Ambient Temperature: _____ °F	
Maximum Ambient Temperature: _____ °F	
Relative Humidity: _____ %	
Required Cooling:	
Air <input type="checkbox"/> Water <input type="checkbox"/> Closed Loop <input type="checkbox"/>	
Aftercooler: Yes <input type="checkbox"/> No <input type="checkbox"/>	Required Discharge Temperature: _____ °F
Potable Cooling Water Available: Yes <input type="checkbox"/> No <input type="checkbox"/>	If checked no, what type:
Inlet Cooling Water Temperature: _____ °F	Required Outlet Water Temperature: _____ °F
Power Supply (Voltage / Phase / Hertz):	
Area Classification: Safe / Unclassified <input type="checkbox"/> Class 1 <input type="checkbox"/> Group D or C <input type="checkbox"/> Division 1 <input type="checkbox"/> Division 2 <input type="checkbox"/>	
Application: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> NEMA Rated: 1 <input type="checkbox"/> 4 <input type="checkbox"/> 4X <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/>	
Application: Inland <input type="checkbox"/> Offshore <input type="checkbox"/> Seacoast <input type="checkbox"/>	
Corrosive Environment: Yes <input type="checkbox"/> No <input type="checkbox"/> Salt Laden <input type="checkbox"/> H2S <input type="checkbox"/>	
Control Panel Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Requirement:	
Motor Starter: Yes <input type="checkbox"/> No <input type="checkbox"/> Reduced Voltage <input type="checkbox"/> Across the Line <input type="checkbox"/> Incoming Disconnect <input type="checkbox"/> Circuit Breaker <input type="checkbox"/>	
Drying System	
Type: Regenerative <input type="checkbox"/> Refrigerative <input type="checkbox"/> Membrane <input type="checkbox"/>	
Required Dew Point: _____ °F	
Afterfilters Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Qty _____	
Prefilters Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Qty _____	
Alarms / Shutdowns: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wet Receiver: Yes <input type="checkbox"/> No <input type="checkbox"/> Capacity _____ Gallons	Dry Receiver: Yes <input type="checkbox"/> No <input type="checkbox"/> Capacity _____ Gallons
Receivers: Corrosion Allowance <input type="checkbox"/>	Internal Coatings <input type="checkbox"/> Galvanized <input type="checkbox"/> Manways <input type="checkbox"/>
Motor Service Factor: 1.0 <input type="checkbox"/> 1.15 <input type="checkbox"/> 1.25 <input type="checkbox"/>	Operate into Service Factor Yes <input type="checkbox"/> No <input type="checkbox"/>
Skid Requirement: Open Design <input type="checkbox"/> Deck Plate <input type="checkbox"/>	Drip Lip <input type="checkbox"/> Drip Pan <input type="checkbox"/> Raked Ends <input type="checkbox"/> Other <input type="checkbox"/>
Lifting Equipment Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Spreader Bar <input type="checkbox"/> Slings <input type="checkbox"/> Shackles <input type="checkbox"/>
Equipment Tags Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Site Dimensional / Weight Limitations:	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what?
Customer Preferred Vendor List:	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please attach copy

Submit to:

Gardner Denver Engineered Package Center
 11611 Tanner Road
 Houston, TX 77041-6906

Form # BM95