

# Application Requirements

## Quote Request

Date \_\_\_\_\_

Contact \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Parameters

Describe Application \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gas Service _____	Gas Mixture _____
Cylinder Size _____	Cylinder Connection (CGA No.) _____
Gas Properties: <input type="checkbox"/> Purity (specify) _____	<input type="checkbox"/> Flammable <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizer
Inlet Pressure, Maximum (psig) _____	Delivery Pressure (psig) _____
Operating Temperature (°F) _____	Connection Size (ie: 1/4", 1/2") _____
Connection Type (ie: NPT, compression) _____	<input type="checkbox"/> Control Flow <input type="checkbox"/> Measure Flow
Flow Requirements: <input type="checkbox"/> Maximum (slpm, scfm) _____	Flow Range (flowmeters) _____
Required Accuracy (flowmeters) _____	

### Product Selection

	Model or Part Number	Catalog Page No.	Notes
<input type="checkbox"/> Regulating Pressure	_____	_____	_____
<input type="checkbox"/> Measuring Pressure	_____	_____	_____
<input type="checkbox"/> Controlling Flowrate	_____	_____	_____
<input type="checkbox"/> Venting & Scrubbing	_____	_____	_____
<input type="checkbox"/> Purging	_____	_____	_____
<input type="checkbox"/> Detecting Gases	_____	_____	_____
<input type="checkbox"/> Distributing Gases	_____	_____	_____
<input type="checkbox"/> Blending Gases	_____	_____	_____
<input type="checkbox"/> Filtering	_____	_____	_____
<input type="checkbox"/> Purifying	_____	_____	_____
<input type="checkbox"/> Adsorbent	_____	_____	_____

Please fax or mail this form to your local ASGE distributor.