

HOFFER FLOW CONTROLS, INC.

107 Kitty Hawk Lane, P.O. Box 2145, Elizabeth City, NC 27906

www.hofferflow.com

Order from Centro, Inc

PH 901-357-1261 FAX 901-357-1379 Email: Orders@CentroSolves.com

APPLICATION SHEET

CUSTOMER INFORMATION

DATE: _____ SOURCE: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT: _____ E-MAIL: _____

TELEPHONE: _____ FAX: _____

REPRESENTATIVE: _____

SERVICE INFORMATION

DESIRED ACCURACY: _____ ± .5% of reading or better _____ ± 1% of reading _____ ± 2% of reading.

BUDGET: \$ _____

FLUID/GAS: _____

VISCOSITY: _____

FLOW RANGE: _____

OPERATING
TEMPERATURE RANGE: _____

OPERATING
PRESSURE RANGE: _____

PIPE SIZE: _____ END CONNECTIONS: _____

PIPE SCHEDULE: _____

ELECTRONICS

READOUT REQUIRED: RATE: _____ TOTAL: _____

UNIT OF MEASURE: _____

INTEGRAL MOUNT: _____ REMOTE MOUNT: _____

AVAILABLE POWER INPUT: _____

ANALOG OUTPUT: _____ PULSE OUTPUT: _____

Is there a desired delivery on this meter? _____

How soon do you expect to make a decision on this meter? _____

Is there anything else we need to know about this application that will help you with the best option?