



PLATECOIL RFQ FORM

To: Tranter Inc
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Attn:

Date:
From:

ITEMS MARKED IN BOLD SHOULD BE COMPLETED FOR BEST SIZING AND QUICKEST TURNAROUND.

DATA REQUIRED					
CUSTOMER:			Phone:		
ATTENTION:			Fax:		
STREET:			E-mail:		
CITY/STATE/ZIP:			Project:		
PLATECOIL Application (circle one):		Coil Material (circle one):		Type of Quotation (circle one):	
Integral	Immersion	Carbon Steel	Titanium	Buy	Design
Clamp-On	Other _____	316LSS 304LSS	Other _____	Budget	
DESIGN CONDITIONS			TANK/PRODUCT SIDE		PLATECOIL SIDE
MEDIUM					%
FLOW RATE			<i>gpm</i>		
TEMPERATURE IN					°F
TEMPERATURE OUT					°F
Specific Heat*			<i>Btu/(lb)°F</i>		
Specific Gravity*					
Thermal Conductivity			<i>Btu/hr ft °F</i>		
Viscosity * (at avg. temp.)			cp @		°F
ASME Code Stamp: <input type="checkbox"/> Yes <input type="checkbox"/> NO		DESIGN PRESSURE		psig	DESIGN TEMPERATURE °F
ALLOWABLE Δ P					<i>psi</i>
Time Available for Heat-Up or Cool Down: _____					
Overall Q if known			<i>Btu/hr</i>		

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

Tank Information			
Size:	Location (circle one):		TOP (circle one)
Qty.:	Indoors	Outdoors	Open 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 Temperature when operating:			
If Clamp-On, will mastic be used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Freight Estimate Required <input type="checkbox"/> Yes <input type="checkbox"/> No Destination:			

REMARKS/APPLICATION DETAILS: