



Post Office Box 2200  
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# VALDISK QUOTATION

Quotation To \_\_\_\_\_  
 Date \_\_\_\_\_ Project \_\_\_\_\_  
 By \_\_\_\_\_

<b>SIZE / CV</b>		<b>TRANSDUCER</b>	<input type="checkbox"/> 443 <input type="checkbox"/>
<b>MODEL</b>	<input type="checkbox"/> VALDISK <input type="checkbox"/>	<b>INPUT</b>	<input type="checkbox"/> 4-20 MA <input type="checkbox"/> 10-50 MA
<b>BODY MAT'L.</b>	<input type="checkbox"/> STEEL <input type="checkbox"/> 316 S.S. <input type="checkbox"/>	<b>MOUNTING</b>	<input type="checkbox"/> MTD. <input type="checkbox"/> UNMTD.
<b>ANSI CLASS</b>		<b>LOCK-UP</b>	<input type="checkbox"/> FAIL IN PLACE LOCK-UP
<b>BODY:</b>	<input type="checkbox"/> 150 <input type="checkbox"/> 300 <input type="checkbox"/> 600 <input type="checkbox"/>	<b>AIR</b>	<input type="checkbox"/> FAIL CLOSED <input type="checkbox"/> FAIL OPEN <input type="checkbox"/>
<b>DISK:</b>	<input type="checkbox"/> 150 <input type="checkbox"/> 300 <input type="checkbox"/> 600 <input type="checkbox"/>	<b>SPRING</b>	<input type="checkbox"/> VOLUME TANK SIZE _____ GAL. TRIP PRESSURE _____ PSI
<b>FACE TO FACE</b>	<input type="checkbox"/> MSS SP-67 <input type="checkbox"/>	<b>TUBING</b>	<input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/>
<b>DISK MAT'L.</b>	<input type="checkbox"/> 316 S.S. <input type="checkbox"/> STEEL W/CHROME PLATE <input type="checkbox"/> 316 W/CHROME PLATE <input type="checkbox"/>	<b>MAT'L.</b>	<input type="checkbox"/> COPPER <input type="checkbox"/> S.S. <input type="checkbox"/> PVC COATED
<b>SHAFT MAT'L.</b>	<input type="checkbox"/> 17-4 PH <input type="checkbox"/> NITRONIC 50 <input type="checkbox"/>		
<b>PIN MAT'L.</b>	<input type="checkbox"/> 17-4 PH <input type="checkbox"/> NITRONIC 50 <input type="checkbox"/>		
<b>SEAT STYLE</b>	<input type="checkbox"/> SOFT <input type="checkbox"/> METAL <input type="checkbox"/> DOUBLE SAFE		
<b>SEAT MAT'L.</b>	<input type="checkbox"/> TEFLON <input type="checkbox"/> 316 S.S. <input type="checkbox"/>		
<b>BEARINGS</b>	<input type="checkbox"/> KARLON <input type="checkbox"/> ELECTROLUBE <input type="checkbox"/>		
<b>BONNET</b>	<input type="checkbox"/> STANDARD <input type="checkbox"/> EXTENDED		
<b>FORM</b>	<input type="checkbox"/> CRYOGENIC LENGTH		
<b>PACKING</b>	<input type="checkbox"/> TEFLON <input type="checkbox"/> TEF ASB <input type="checkbox"/> GRAPH ASB. <input type="checkbox"/> GAIP <input type="checkbox"/>		
<b>PACKING BOX</b>	<input type="checkbox"/> ISO. VALVE <input type="checkbox"/> LUBRICATOR		
<b>SPECIALS</b>	<input type="checkbox"/> TWIN SEAL <input type="checkbox"/> VACUUM SEAL <input type="checkbox"/>		
<b>AIR TO</b>	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSE		
<b>SHAFT</b>	<input type="checkbox"/> UPSTREAM <input type="checkbox"/> DOWNSTREAM		
<b>FUNCTION</b>	<input type="checkbox"/> THROTTLING <input type="checkbox"/> ON-OFF		
<b>ACT. TYPE</b>	<input type="checkbox"/> CYLINDER <input type="checkbox"/> MAN. GEARED <input type="checkbox"/> HANDLEVER		
<b>SIZE</b>	<input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/>		
<b>HANDWHEEL</b>	<input type="checkbox"/> DECLUTCHABLE SIDE-MOUNTED <input type="checkbox"/>		
<b>SPRING</b>	<input type="checkbox"/> STANDARD <input type="checkbox"/> CAP <input type="checkbox"/> DUAL		
<b>POSITIONER</b>	<input type="checkbox"/> BETA <input type="checkbox"/> 80R <input type="checkbox"/> E/P <input type="checkbox"/>		
<b>SIGNAL</b>	<input type="checkbox"/> 3-15 <input type="checkbox"/> 3-9 <input type="checkbox"/> 9-15 <input type="checkbox"/> 4-20 MA <input type="checkbox"/>		
<b>CAM</b>	<input type="checkbox"/> = % <input type="checkbox"/> LINEAR		
<b>FILTER/REG.</b>	<input type="checkbox"/> AIR FILTER <input type="checkbox"/> AIRSET	<b>FLUID</b>	#/HR. GPM SCFH
<b>LIMIT SWITCH</b>	<input type="checkbox"/> LSXB3K-SPOT <input type="checkbox"/> LSXB4L-DPDT	<b>CRIT.PRESS/TEMP</b>	
<b>MODEL NO.</b>	<input type="checkbox"/> LSB3K-SPDT <input type="checkbox"/> LSB4L-DPDT <input type="checkbox"/>	<b>SP. GR. OR MW</b>	
<b>TO INDICATE</b>	<input type="checkbox"/> FULL OPEN <input type="checkbox"/> FULL CLOSED <input type="checkbox"/>	<b>TEMP ( )</b>	
<b>SOLENOID</b>	<input type="checkbox"/> HT8345E1 <input type="checkbox"/> HT8345E11 <input type="checkbox"/> HT8344A72	<b>VAPOR PRESS.</b>	
<b>4-WAY</b>	<input type="checkbox"/> HT8344A73 <input type="checkbox"/>	<b>INLET ( )</b>	
<b>3-WAY</b>	<input type="checkbox"/> HT8320A172 <input type="checkbox"/> HT8320A173 <input type="checkbox"/>	<b>OUTLET ( )</b>	
<b>VOLTAGE</b>	<input type="checkbox"/> 120 VAC <input type="checkbox"/> 120 VDC <input type="checkbox"/>	<b>FLOW RATE</b>	
<b>DE-ENERGIZED</b>	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSE	<b>REQ'D. Cv</b>	
		<b>SPL</b>	
		<b>EXIT VELOCITY</b>	
		<b>PIPE SIZE IN/OUT</b>	
		<b>PIPE SCH. IN/OUT</b>	
		<b>MAX ΔP/AIR SPL</b>	
		<b>SERIAL NO.</b>	
		<b>TAG NO.</b>	
		<b>ITEM NO.</b>	
		<b>PRICE EACH</b>	
		<b>QTY.</b>	
		<b>TOTAL PRICE</b>	





# Fax

<b>To:</b> Centro, Inc.	<b>From:</b>
<b>Fax:</b> 901-357-1379	<b>Pages:</b>
<b>Phone:</b> 800-344-3286	<b>Date:</b>
<b>Re:</b>	<b>CC:</b>

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212