



AGI Industries

PUMP APPLICATION DATA SHEET

Fill out the information below and click SUBMIT at the bottom of the form. Your information will be sent via email to AGI Industries and a representative will contact you about your product needs. You may also click the PRINT button at the bottom of the page (before closing the window) to retain a copy for your records.

COMPANY INFORMATION

Company Name	<input type="text"/>	Contact	<input type="text"/>	Unit	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>		
Address	<input type="text"/>	Fax	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

CLASSIFICATION

User
 Dealer
 Export
 Other

LIQUID DATA

Liquid	<input type="text"/>	Concentration %	<input type="text"/>
Pumping Temp	<input type="text"/>	Specific Gravity	<input type="text"/>
Vapor Pressure	<input type="text"/>	Viscosity	<input type="text"/>
Solids	<input type="text"/>	Type	<input type="text"/>

SYSTEM DATA

Flow Rate	Normal <input type="text"/>	Minimum <input type="text"/>	Maximum <input type="text"/>
Discharge Pressure	<input type="text"/>	Total Dynamic Head	<input type="text"/>
Suction or Static Pressure	<input type="text"/>		
Diff. Pressure	<input type="text"/>	Suction Lift	<input type="text"/>
Any Special Requirements?	<input type="text"/>		
Specified Materials	<input type="text"/>	<input type="checkbox"/> Testing	<input type="checkbox"/> Specific Data or Drawings

SPECIAL CONTROLS/INSTRUMENTS

Type of Drive	<input type="checkbox"/> Electric	<input type="checkbox"/> Air	<input type="checkbox"/> Other <input type="text"/>
Power	<input type="checkbox"/> AC	<input type="checkbox"/> DC	<input type="checkbox"/> Air Pressure PSI <input type="text"/>
Enclosure	<input type="checkbox"/> ODP	<input type="checkbox"/> TEFC	<input type="checkbox"/> XP
Voltage	<input type="text"/>	Class	<input type="text"/>
Phase	<input type="checkbox"/> Single	<input type="checkbox"/> Three	<input type="checkbox"/> N/A
Hertz	<input type="checkbox"/> 60	<input type="checkbox"/> 50	
Group	<input type="text"/>	Division	<input type="text"/>

ADDITIONAL INFORMATION

PRINT FORM

SUBMIT FORM