



AGI Industries
An Employee Owned Company

Gas Compression Quote Request

Please fill out the information below and submit your quote request through the AGI Industries's website. Upon receipt, an AGI Industries representative will contact you about your product needs.

COMPANY INFORMATION

Company	_____	Contact Name	_____
Address	_____	Telephone	_____
City / State / Zip	_____	Fax	_____
Project Name	_____	Email	_____
Salesman Name	_____		
Notes:	_____		

Application Information	1	Application Type:	<input type="checkbox"/> Wellhead Compression	<input type="checkbox"/> Gas Gathering	<input type="checkbox"/> Casing Gas
			<input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Gas Lift	
	2	Gas Composition:	* Attach with submittal.		
	3	Drive Type:	<input type="checkbox"/> Electric Driven	<input type="checkbox"/> Natural Gas Driven (Engine)	
	4	Normal Flow (MCFD):	_____		
	5	MAX Flow (MCFD):	_____		
	6	Suction Pressure (PSIG):	_____		
	7	Suction Temperature (F):	_____		
	8	Discharge Pressure (PSIG):	_____		
	9	Discharge Temperature (F):	_____		
	10	Elavation (FASL):	_____		
	11	AREA Classification:	<input type="checkbox"/> Class 1 Div. 2 Group D	<input type="checkbox"/> Class 1 Div. 1	
12	Compressor Type:	<input type="checkbox"/> Rotary Screw	<input type="checkbox"/> Rotary Vane	<input type="checkbox"/> Reciprocating	