

RX Hose Customer Application Questionnaire

Company Name _____	Contact _____
Location _____	Title _____
Phone _____	Fax _____
Email _____	Date _____

Industry	Aerospace <input type="checkbox"/>	Medical <input type="checkbox"/>	Power Generation <input type="checkbox"/>
	Chemical <input type="checkbox"/>	Mining <input type="checkbox"/>	Pulp / Paper <input type="checkbox"/>
	Industrial <input type="checkbox"/>	Oil / Gas <input type="checkbox"/>	Transportation <input type="checkbox"/>
	Marine <input type="checkbox"/>	Pharmaceutical <input type="checkbox"/>	Other <input type="checkbox"/>

Type of application (indoor/outdoor, intermittent/continuous, flexible, etc.)

New Installation	Existing Installation
Preliminary <input type="checkbox"/>	Maintenance <input type="checkbox"/>
Budgetary <input type="checkbox"/>	Repair <input type="checkbox"/>
Firm Bid <input type="checkbox"/>	Modification <input type="checkbox"/>

Size	Inside Diameter <input type="checkbox"/>	Outside Diameter <input type="checkbox"/>	Length <input type="checkbox"/>
Temperature	Material <input type="checkbox"/>	Ambient <input type="checkbox"/>	Intermittent <input type="checkbox"/> Constant <input type="checkbox"/>

Application	Application
Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Intermittent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Bend Radius <input type="checkbox"/>	Movement <input type="checkbox"/>

External Conditions	Oil Resistance
Abrasion <input type="checkbox"/>	Tube <input type="checkbox"/>
Oil <input type="checkbox"/>	Cover <input type="checkbox"/>
Solvents <input type="checkbox"/>	
Acid <input type="checkbox"/>	
Ozone <input type="checkbox"/>	
Electrical/Static <input type="checkbox"/>	

Material Conveyed	Material Conveyed
Solids <input type="checkbox"/>	Gaseous <input type="checkbox"/>
Liquids <input type="checkbox"/>	Chemical <input type="checkbox"/>

Pressure	Pressure
Working Pressure <input type="checkbox"/>	Burst Pressure <input type="checkbox"/>
Vacuum <input type="checkbox"/>	Suction <input type="checkbox"/>

Ends & Fittings	Ends & Fittings
Threaded <input type="checkbox"/>	Camlock <input type="checkbox"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Field Attachable <input type="checkbox"/>	Permanent <input type="checkbox"/>

Delivery	Delivery
Quantity <input type="checkbox"/>	Leadtime <input type="checkbox"/> Special Packaging <input type="checkbox"/>

NGC Contact: Jeff McClounie
 (403) 295-3114 x201
jeff@ngc-ps.com

3B, 624 Beaverdam Road, NE
 Calgary, AB, Canada, T2K 4W6
 Phone: (403) 295-3114 Fax: (403) 295-3341