



**RX Pipe / Valve / Fitting Customer Application Questionnaire**

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Location \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Date \_\_\_\_\_

Industry                      Aerospace                       Medical                       Power Generation   
    Chemical                       Mining                       Pulp / Paper   
    Industrial                       Oil / Gas                       Transportation   
    Marine                       Pharmaceutical                       Other

Type of processing facility (extraction, re-finishing, etc.)

New Installation                      Preliminary   
    Budgetary   
    Firm Bid

Existing Installation                      Maintenance   
    Repair   
    Modification

Describe the existing system (size, rating, class, construction material, etc.) or area in which material will be placed:

Material Requirements (if known):

	Body	Liner
<input type="checkbox"/>	DI	<input type="checkbox"/> PTFE
<input type="checkbox"/>	CS	<input type="checkbox"/> PVFD
<input type="checkbox"/>		<input type="checkbox"/> PP

What will the material be exposed to (water, hydrochloric acid, sulphuric acid, etc.)?

What is the temperature range?                      Fluid Conveyed °F                      Atmosphere °F

	Minimum <input type="checkbox"/>	Minimum <input type="checkbox"/>
	Normal <input type="checkbox"/>	Normal <input type="checkbox"/>
	Maximum <input type="checkbox"/>	Maximum <input type="checkbox"/>

What is the fluid pressure?

Fluid Pressure PSI	<input type="text"/>	Vacuum inches Hg	<input type="text"/>
Pressure Cycle PSI	Min <input type="text"/> Max <input type="text"/>	Freq	<input type="text"/>

Surges (explain) \_\_\_\_\_

What is the average purchasing \$\$ / annum? \_\_\_\_\_  
 What are your pricing targets? \_\_\_\_\_  
 Time frame to project completion? \_\_\_\_\_

Additional comments or reverse side:                      Yes                       No

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