

Application Details

Customer Details

Contact name.....
Name:.....
Address.....
City.....
State/Province.....
Zip/Post Code.....
Country.....
Telephone.....
Fax.....
E Mail.....

What are we pumping?

Liquid.....
Solvent or water based.....
Viscosity.....
Do you have a specification sheet.....

Performance

Flow rate(Gpm/Lpm).....
Max height from floor.....
What size of container.....

Press details

Type.....
How many colours.....
Open tray.....
Manufacturer.....
Flexo/Gravure/Other.....
Do you have enclosed
doctor blade chambers.....
What width is your press.....
Do you have gravity return.....

Power source

Electric Voltage supply.....
Hazardous or not.....
Air Pressure.....
Is the air lubricated, clean and dry.....

Accessories

What size container.....
Is a filter required.....
Would you like hoses.....
Do you need quick connectors.....

How should we quote

By Mail/post.....
By Internet.....
By Fax.....

Other comments

**Fill out this form as
best as you can and
return to the address
below or call
814 833 3715**



Powerwise
Ink Pumps

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