



Regional Sales Manager :	
Representative :	

PLEASE SELECT (✓) YOUR QUOTATION REQUIREMENTS:

<input type="checkbox"/> Budget Quote	<input type="checkbox"/> Full Project Quote (User Specifications Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No)
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PROJECT TIMING:

Quote Required by :	
Estimated Project Completion Date:	


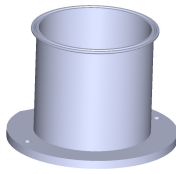

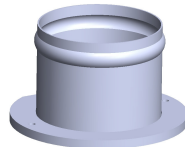





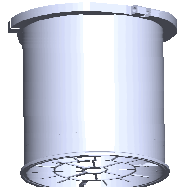
CUSTOMER INFORMATION :

Contact Name :	
Email Address :	
Company Address :	
Country :	
Phone :	
Fax :	
How did you hear about Quadro :	

APPLICATION INFORMATION :

Select Industry :	<input type="checkbox"/> Food	<input type="checkbox"/> Pharma	<input type="checkbox"/> Cosmetic	<input type="checkbox"/> Chemical
Describe Application :				
<ul style="list-style-type: none"> •Size reduction •De-agglomeration •Blending •Security Screening 				
Test Number: _____				
Required Capacity :	_____ <input type="checkbox"/> lbs/hr or <input type="checkbox"/> kg/hr <i>please check (✓) applicable</i>			
Required Particle Size :	_____ <input type="checkbox"/> US Std Mesh or <input type="checkbox"/> microns <i>please check (✓) applicable</i>			
Infeed Material Particle Size:	_____ <input type="checkbox"/> US Std Mesh or <input type="checkbox"/> microns <i>please check (✓) applicable</i>			
Material Characteristics : (Check all Applicable)	<input type="checkbox"/> Explosive (MIE Value = _____ mJ)		<input type="checkbox"/> Fibrous <input type="checkbox"/> Frozen <input type="checkbox"/> Soft (pliable) <input type="checkbox"/> Abrasive <input type="checkbox"/> Oily (% Oil = _____)	
	<input type="checkbox"/> Heat Sensitive (Melting Point = _____ °C)			
	<input type="checkbox"/> Wet (Moisture Content = _____ %)			



EQUIPMENT REQUIREMENTS :	
Electrical:	_____ volts _____ Phase _____ Hertz <input type="checkbox"/> Not Required (to be supplied by others)
Environment:	<input type="checkbox"/> Explosion Proof (XP) Class: _____ Div.: _____ Group: _____ <input type="checkbox"/> Pressure Rated (PSR, ASME) Rating: _____ <input type="checkbox"/> Operator Exposure Limit (OEL) Rating: _____ <input type="checkbox"/> ATEX (Please Specify requirements below) Interior = _____ Exterior = _____
Contact Parts Material:	<input type="checkbox"/> 304 <input type="checkbox"/> 316 <input type="checkbox"/> 316L <input type="checkbox"/> Other: _____
Non Contact Parts Material:	<input type="checkbox"/> 304 <input type="checkbox"/> 316 <input type="checkbox"/> 316L <input type="checkbox"/> Other: _____
Contact Parts Finish:	<input type="checkbox"/> 150 Grit (Ra 1.06µm) <input type="checkbox"/> 220 Grit (Ra 0.48µm) <input type="checkbox"/> 320 Grit (Ra 0.30µm) <input type="checkbox"/> Mirror (Ra 0.10µm) <input type="checkbox"/> Electro-polished <input type="checkbox"/> Other Ra _____
Non Contact Parts Finish:	<input type="checkbox"/> 150 Grit (Ra 1.06µm) <input type="checkbox"/> 220 Grit (Ra 0.48µm) <input type="checkbox"/> 320 Grit (Ra 0.30µm) <input type="checkbox"/> Mirror (Ra 0.10µm) <input type="checkbox"/> Electro-polished <input type="checkbox"/> Bead Blast
Infeed (Chute) Connection Requirements:	     <input type="checkbox"/> Handfeed <input type="checkbox"/> Triclamp Size: _____ <input type="checkbox"/> BFM <input type="checkbox"/> Tube <input type="checkbox"/> Vacuum
Discharge (Shroud) Connection Requirements:	     <input type="checkbox"/> Standard <input type="checkbox"/> Expanded <input type="checkbox"/> BFM <input type="checkbox"/> Vacuum <input type="checkbox"/> Triclamp Size: _____
Base Requirements:	Specify Required Inlet Height = _____ <input type="checkbox"/> inches or <input type="checkbox"/> millimeters Specify Required Discharge Height = _____ <input type="checkbox"/> inches or <input type="checkbox"/> millimeters <input type="checkbox"/> Height Adjustable = _____ <input type="checkbox"/> inches or <input type="checkbox"/> millimeters
<p>If Required, attach or sketch any special base requirements in space provided:</p>	