

Valvtron Quotation Data Form



Quote Number: _____

Date: _____

Prepared By (Include Sales): _____

Page _____ of _____

PREPARED FOR:		END USER INFORMATION:	
Prepared For: _____		Name: _____	
Company: _____		City: _____ State: _____	
Address: _____		Fax: _____	
<input type="checkbox"/> Budget <input type="checkbox"/> Firm Quote		Location (In System): _____	
Bid Due Date: _____		Application (Process): _____	

REQUIRED SHIP DATE: _____

APPLICATION INFORMATION

New Installation Valvtron Reorder / Serial# Replacing Existing: Type/Mfg: _____

Problem with existing valve: _____

Function: Isolation; Purpose of Isolation: _____

Batch Control %: _____ Modulating %: _____

Piping Material: _____ Temp: Min.: _____ Norm.: _____ Max.: _____ Design Max.: _____

Operating Media: _____ Pressure: Min.: _____ Norm.: _____ Max.: _____ Design Max.: _____

Required Cv: _____ Flow: Min.: _____ Norm.: _____ Max.: _____ Design Max.: _____

Cycles/Day: _____ Cycle Time Open: _____ Time Close: _____

Media: Corrosives (Name): _____ if so/Concentration %: _____

Erosives (Name): _____ If so/Particle Size: _____

Service: Unidirectional V1 Bi-directional V2 / Back Pressure Amount: _____

VALVE INFORMATION	ITEM #: _____	Appl. Engr: <input type="checkbox"/> Y <input type="checkbox"/> N	COMPETITOR: _____
QTY: _____ Size: _____ ANSI Class: _____ Bore: <input type="checkbox"/> Full or <input type="checkbox"/> Reduced			
BODY MATERIAL: <input type="checkbox"/> CS <input type="checkbox"/> 316SS <input type="checkbox"/> F22 <input type="checkbox"/> 5Cr <input type="checkbox"/> 9Cr <input type="checkbox"/> Other: _____			
TRIM: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> Other: _____ Ball: _____ Guide: _____ Spring: _____			
Gasket: _____ Gland: _____ Stem: _____			
END CONNECTIONS: <input type="checkbox"/> SW <input type="checkbox"/> RF <input type="checkbox"/> RTJ <input type="checkbox"/> NPT <input type="checkbox"/> Grayloc <input type="checkbox"/> BW Sch. <input type="checkbox"/> Other: _____			
SEAT CLOSER TEST REQUIRED: <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> API 598 <input type="checkbox"/> Other: _____			
OPTIONS: <input type="checkbox"/> Hi-Cycle <input type="checkbox"/> Purge Ports <input type="checkbox"/> Scraper Seats <input type="checkbox"/> Double Packing <input type="checkbox"/> Ext Bnt <input type="checkbox"/> Other: _____			
SUBMTLS: <input type="checkbox"/> Dwg. Appr. <input type="checkbox"/> MTRs <input type="checkbox"/> Test Report SPECIAL: <input type="checkbox"/> Wltn. Insp. <input type="checkbox"/> NDE: _____ <input type="checkbox"/> Tagging			
REVIEW: <input type="checkbox"/> MQTRF <input type="checkbox"/> Engr. <input type="checkbox"/> QA			

ACTUATOR INFORMATION:

MANUAL: Gear Lever (< 2"300# only) Mtg Only Actuated ΔP (Shutoff): _____

PNEUMATIC: Min. Air Supply: _____ DA SR ; Fail/Open or Fail/Close

HYDRAULIC: Pressure: _____ Electric/ Voltage: _____

ACCESSORIES:

Additional Comments: _____

* Note: End-user must be provided before a firm quotation can be supplied.



Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	CC:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212