



YOUR NAME:	
COMPANY:	
PHONE NUMBER:	
DATE:	
PROJECT NAME:	

Please fax to:  
901-357-1379

Rotary Screw Air Compressor Data Sheet	
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HOURS PER DAY	
REQUIRED CFM	
REQUIRED PRESSURE	
VOLTS AND PHASE AVAILABLE	
WATER OR AIR COOLED	
TANK OR BASE MOUNTED	
TANK SIZE DESIRED	
OPEN OR CABINED ENCLOSED	
REPLACING AN EXISTING COMPRESSOR?	
HORSEPOWER OF EXISTING COMPRESSOR	
REASON FOR REPLACEMENT	

Reciprocating Air Compressor Data Sheet	
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HOURS PER DAY	
REQUIRED CFM	
REQUIRED PRESSURE	
VOLTS AND PHASE AVAILABLE	
WATER OR AIR COOLED	
PRESSURE OR SPLASH LUBRICATED	
TANK OR BASE MOUNTED	
HORIZONTAL OR VERTICAL	
TANK SIZE REQUIRED	
REPLACING AN EXISTING COMPRESSOR?	
HORSEPOWER OF EXISTING COMPRESSOR	
REASON FOR REPLACEMENT	
AFTERCOOLER REQUIRED?	
AUTOMATIC TANK DRAIN REQUIRED?	
MOUNTED STARTER REQUIRED?	

NOTES: