



PLATECOIL RFQ FORM

To: Tranter Inc
 Attention: Phone: (940) 249-9669 or 9673
 Fax: (940) 723-5131
 Date: E-Mail: platecoil@tranter.com

Customer Information

Customer:	Phone:
Attention:	Fax:
Street:	E-Mail:
City/ State/ Zip:	Project:

1. Platecoil Application (check one): Clamp-On Immersion Integral Other _____
2. Coil Material (check one): Carbon St. 304LSS 316LSS Titanium Other _____
3. Type of Quotation (check one): Buy Design Budget

Design Conditions	Tank/Product Side			Platecoil Side
Medium/Fluid				%
Flow Rate <i>GPM</i>				%
Temperature In <i>°F</i>				
Temperature Out <i>°F</i>				
Properties of Fluid at Different Temperatures	<i>°F</i>	<i>°F</i>	<i>°F</i>	
Specific Heat * <i>Btu/(lb)°F</i>				
Specific Gravity *				
Thermal Conductivity * <i>Btu/hr ft °F</i>				
Viscosity * (at avg. temp.) <i>cp</i>				

***For fluids other than water or steam, properties should be furnished.**

4. Allowable Pressure Drop: _____ psig
5. Design Pressure: _____ psig
6. Design Temperature: _____ °F
7. ASME Code Stamp: Yes No
8. Time for Heat-Up/Cool Down: _____ Hours
9. Overall Q if known: _____ Btu/hr

Tank Information:

10. Size: _____ L x W x H or _____ Diameter x _____ Height
11. Qty: _____
12. Location (check one): Indoors Outdoors
13. Top (check one): Open Closed
14. Insulated (check one): Yes No
15. Thickness: _____
16. Force Vented (check one): Yes No
17. Agitated (check one): Yes No
18. Ambient Temperature when Operating: _____ °F



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19. If Clamp-On, will mastic be used? Yes No
20. Freight Estimate Required: Yes No If Yes, _____ City/State/Zip

Remarks/Application Details: