



SUPERCHANGER QUOTE INQUIRY FORM

To: Tranter , Inc.
Fax: (940) 723-1131
Attn: _____
Email: sales@tranter.com

Date: _____
From: _____

Tranter Quote # IF ASSIGNED _____
Shop Order/DRAWING # IF ASSIGNED _____

SUPERCHANGER QUOTE INQUIRY FORM

DATA REQUIRED

COMPANY:	COMPANY ID	New
ADDRESS:	#:	Existing Company #
CITY, ST, ZIP:	PHONE:	FAX:
CONTACT NAME:	PROJECT REF:	
ADDRESS TYPE: Bill To Ship To Sell To	EMAIL:	

DESIGN CONDITIONS	HOT SIDE	COLD SIDE
FLUID		
FLOW RATE	GPM	GPM
SPECIFIC HEAT	Btu/(lb)°F	Btu/(lb)°F
SPECIFIC GRAVITY		
THERMAL CONDUCTIVITY	Btu/(hr)(ft)°F	Btu/(hr)(ft)°F
VISCOSITY (1 st Temperature)	°F Cp @	°F Cp @
VISCOSITY (2 nd Temperature)	°F Cp @	°F Cp @
TEMPERATURE IN	°F	°F
TEMPERATURE OUT (one)	°F	°F
PRESSURE DROP (IF SPECIFIED)	Psi	Psi
OPERATING PRESSURE	Psig	Psig
HEAT EXCHANGED	Btu/hr	
DESIGN PRESSURE	Psig	
DESIGN TEMP	°F	
MATERIALS OF CONSTRUCTION:		
Plates:	Gaskets:	

Note: For fluids other than water or steam, properties should be furnished for FASTEST and most ACCURATE sizing.

SPECIAL ADDERS

Qty Units: 1

ASME Code Stamp:

NDE:

3rd Party Design Review:

Specify

Envelope Restrictions:

Specify

Nozzles & Fittings:

Specify

Load Type:

Specify

Freight Req'd: No Yes
If yes, Destination Zip:

Surface Finish/Paint:

Specify

Shroud: No Yes
If yes, Shroud Material:

ADDITIONAL INFORMATION

SPECIAL PRICING Yes No If Yes, why?

Additional Information (competition price, model, area, other information):



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QUOTE TYPE: Buy HVAC Design Budget Industrial