

INQUIRY DATA SHEET

CUSTOMER DATA	
Company:	Date:
Address:	Phone:
	Email:
	Reference:
Name:	Due:

CUSTOMER REQUIREMENTS		Site	
Compression			
Inlet Pressure* (P ₁):	Normal	Atmospheric/Elevation:	
(PSIG) (P ₁):	Maximum	Ambient Temperature:	Minimum
Discharge Pressure* (P ₂):	Normal		Maximum
(PSIG) (P ₂):	Maximum	Power Available: 3-Phase	Volts
Volume (Q):	Normal	1-Phase	Volts
MSCFD (Q):	Maximum	Instrument Air:	PSI
Discharge Temp (T ₂):	Required		
Electric Class:	NEMA:		
Panel Location (On/Off Skid):			
Freeze Protection:		Oil Separation Required:	
Pre-filter:			
Other:			
*Denote: PSIA (A), PSIG (G), Inches H ₂ O (WC), Inches H _q V			

Gas Conditions:			Comments:
Specific Gravity:			
C ₁ :	C ₂ :	C ₃ :	
iC ₄ :	nC ₄ :	iC ₅ :	
nC ₅ :	C ₆ :	H ₂ S:	
CO ₂ :	Other:	Other:	