

Supplement this data sheet with additional comments and/or drawings that will assist in a complete description of the application.  
**All sections must be completed.**

Material to be Handled	Name or Description	Sample Being Furnished <input type="checkbox"/> Yes <input type="checkbox"/> To be Returned <input type="checkbox"/> No <input type="checkbox"/> To be Destroyed			
Weight Per Cubic Foot	Moisture Content	Temperature		Abrasiveness <input type="checkbox"/> None <input type="checkbox"/> High <input type="checkbox"/> Mild	
Corrosiveness <input type="checkbox"/> None <input type="checkbox"/> High <input type="checkbox"/> Mild	Normal Capacity (tons per hour)	Maximum Capacity (tons per hour)		Surge	Duty <input type="checkbox"/> Continuous <input type="checkbox"/> Hrs/Day
Mounting	Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Inclined <input type="checkbox"/> From the Horizontal <input type="checkbox"/> Rigid Mount <input type="checkbox"/> Height off Floor				
Flexible Connector	Type	Location <input type="checkbox"/> Inlet <input type="checkbox"/> Discharge	Drive	Location <input type="checkbox"/> End <input type="checkbox"/> Intermediate	
Trough	Inlet <input type="checkbox"/> <input type="checkbox"/>				
	Discharge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	Trough Section Standard:	<input type="checkbox"/> Standard "B" Flexmount 		<input type="checkbox"/> Standard "A" Coilmount 	
	Special:	<input type="checkbox"/> Liner or Expansion Pan ("B" Flexmount) 		<input type="checkbox"/> Liner or Expansion Pan ("A" Coilmount) 	
	Width	Depth	Length	Thickness	Cust. Preference of Mat'l.
Cover	Cover Section <input type="checkbox"/> <input type="checkbox"/> * Other				
	Dimensions – (Std. Section length – 5' 0")				
Width	Depth	Flat	Total Length	Mounting <input type="checkbox"/> Bolted	
Customer type: <input type="checkbox"/> User <input type="checkbox"/> OEM <input type="checkbox"/> Dist. <input type="checkbox"/> Mfg. Rep.					
Company Name:				Contact:	
Address:				Phone:	
City:	State:	Zip:	Fax:	Email:	