



PUMP APPLICATION DATA SHEET

Fill out the information below and click **SUBMIT FORM** at the bottom of the form. Your information will be sent via email to J.H. Wright & Associates and a representative will contact you about your product needs. You may also click the **PRINT** button at the bottom of the page (before closing the window) to retain a copy for your records.

COMPANY INFORMATION

Company Name	<input type="text"/>	Contact	<input type="text"/>	Unit	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>		
Address	<input type="text"/>	Fax	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

CLASSIFICATION

User
 Dealer
 Export
 Other

LIQUID DATA

Liquid	<input type="text"/>	Concentration %	<input type="text"/>
Pumping Temp	<input type="text"/>	Specific Gravity	<input type="text"/>
Vapor Pressure	<input type="text"/>	Viscosity	<input type="text"/>
Solids	<input type="text"/>	Type	<input type="text"/>

SYSTEM DATA

Flow Rate	Normal <input type="text"/>	Minimum <input type="text"/>	Maximum <input type="text"/>
Discharge Pressure	<input type="text"/>	Total Dynamic Head	<input type="text"/>
Suction or Static Pressure	<input type="text"/>		
Diff. Pressure	<input type="text"/>	Suction Lift	<input type="text"/>
Specific Heat	<input type="text"/>		
Any Special Requirements?	<input type="text"/>		
Specified Materials	<input type="text"/>	<input type="checkbox"/> Testing	<input type="checkbox"/> Specific Data or Drawings

SPECIAL CONTROLS/INSTRUMENTS

Type of Drive	<input type="checkbox"/> Electric	<input type="checkbox"/> Air	<input type="checkbox"/> Other <input type="text"/>
Power	<input type="checkbox"/> AC	<input type="checkbox"/> DC	<input type="checkbox"/> Air Pressure PSI <input type="text"/>
Enclosure	<input type="checkbox"/> ODP	<input type="checkbox"/> TEFC	<input type="checkbox"/> XP
Voltage	<input type="text"/>	Class	<input type="text"/>
Group	<input type="text"/>	Division	<input type="text"/>
Phase	<input type="checkbox"/> Single	<input type="checkbox"/> Three	<input type="checkbox"/> N/A
Hertz	<input type="checkbox"/> 60	<input type="checkbox"/> 50	

ADDITIONAL INFORMATION

PRINT FORM

SUBMIT FORM