

Red Jacket

The Flow Resource

(860) 651-2842

Please fax this and any other documentation to:

Faster flow, more uptime, greater fueling profits!

Contact Name _____
Your Company _____
Address _____
Phone _____ Fax _____
E-Mail _____

To further assist you in obtaining the best pump for your application, please provide the following information.

What is the desired flow rate? (GMP) _____
Is this new construction or existing? New Existing

Equipment info:

Tank:

Diameter of Tank _____ Burial Depth _____
Additional Rise _____

Piping:

Fuel Type _____ Manifolded Lines _____

Diameter	Type	Length
A		
B		
C		
		Total

Number of Inline Check Valves _____ Type of Valves _____
Number of Elbows _____ Number of Side T's _____ Number of Thru T's _____

Leak Detection:

Do you have a leak detection system? Yes No
If yes, what type? _____

Dispenser:

Brand and Model _____ Loading Rack? Yes No
Number of Dispensers _____ Total Number of Hoses _____ Break Aways _____
Nozzle Type _____ Nozzle Size _____ Hose Diameter _____ Hose Length to Nozzle _____
Vapor Recovery Type, if applicable: _____

Additional Comments:

For technical assistance call 1-800-323-1799

One of our Flow Resource Specialists will contact you to follow up.

Thank You