



Customer Information

Company Name: _____
Contact Name: _____
Address: _____

Date: _____
Phone: _____
E-mail: _____
Fax: _____

Application Information

Fluid / Refrigerant Used: _____
Max. Allowable Pressure: _____
Min. / Max. Allowable Temp.: _____
Orientation (Vertical or Horizontal): _____

Capacity: _____
Rating(s) Required: _____
Max. Work Vacuum: _____

Height or Width Restrictions? If yes, please list: _____

Construction Information

Sightglass(es) (#, Location(s)): _____

Additional Ports?: _____

Liquid Level Indicator(s)?: Yes No

Inlet Connections: IDS Rotalock fpt Flange Flex Joint

Size

Valves?
 Yes No

Outlet Connections: IDS Rotalock fpt Flange Flex Joint

Yes No

Brazing Adapters Needed*: Straight Angle None

* Requires Rotalock Inlet / Outlet Connections

Internal Coating: _____

External Coating: _____



Compressor Mounting Bracket?: Yes No

Compressor Model #(s), Qty for Mounting: _____

Universal Mounting Bracket?: Yes No

Additional Information / Application Details

