



Application Questionnaire.

Company Name:.....Date:.....
Contact Name:.....
Address:.....
Tel:.....Fax:.....E-mail:.....

Item:.....Quantity:.....Tag:.....

Flow meter (Rotary Piston..... Oval Gear.....)

Medium:.....
Flowrate(s): Minimum:.....Normal:.....Maximum:.....
Pressure(s): Minimum:.....Normal:.....Maximum:.....
Viscosity: Minimum:.....Normal:.....Maximum:.....
Density/S.G: Minimum:.....Normal:.....Maximum:.....
Temperature:Minimum:.....Normal:.....Maximum:.....
Type of flow: Pulsating:.....Continuous:.....Intermittent:.....
Flow Orientation:Vertical:.....Horizontal:.....Inclined:.....
Preferred Materials of construction:.....
Power Supply:.....Hazardous Area.....

Electronic Readout (Required Function):

Batch:.....Total:.....Rate:.....Transmission:.....
Alarms: High:.....Normal:.....Low:.....
Power Supply:.....
Compensation:Temperature:.....Pressure:.....Density:.....
Special Notes:.....
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