

Manufacturer Representative Name _____		Tel: _____	
Contact Name and E-Mail _____			
CHILLER REQUEST FOR QUOTATION FORM			
General Information		Consulting Engineer Name: _____	
Project Name: _____		Address: _____	
Address: _____		Telephone: _____	E-mail: _____
		PROJECT DESCRIPTION	
City: _____	State: _____	Zip: _____	Country _____
Unit Model _____	Unit Tag _____	Date _____	
Government Project <input type="checkbox"/>	Industrial Project <input type="checkbox"/>	Office Project <input type="checkbox"/>	Residential Project <input type="checkbox"/>
Domestic Project <input type="checkbox"/>	Export Project <input type="checkbox"/>	Number of Floors _____	Tot. Sq Ft Cooling Area _____
		No. of CHILLERS _____	No. of AHU to be served _____

CONSTRUCTION DETAILS			
Unit Type	Comp. Type	REFRIGERANT	ELECTRICAL
Air Cooled <input checked="" type="checkbox"/>	Recip <input checked="" type="checkbox"/>	410A <input checked="" type="checkbox"/>	Voltage/ph/Hz _____
			Digital Controls <input checked="" type="checkbox"/>

DESIGN CONDITIONS			
Capacity Required _____	Ambient db/Wb _____	Altitude _____	Fluid _____
	BTUH _____	°F _____	GPM Required _____
	Feet _____	Entering Fluid Temperature _____	Leaving Fluid Temperature _____

OPTIONAL ACCESSORIES			
HEAT RECOVERY			
Vibration Isolators <input type="checkbox"/>	Sound Enclosure <input type="checkbox"/>	Coil Coating <input type="checkbox"/>	
		Total Capacity _____	BTUH _____
		Entering Fluid Temp. _____	°F _____
		Leaving Fluid Temp. _____	°F _____

SPECIAL REQUEST			
KW/TON: _____	EER: _____	COP: _____	IPLV: _____
Special Code Compliance:			
Unit Required to Comply with ASHRAE 90.1 Code? YES: <input type="checkbox"/> No: <input checked="" type="checkbox"/>		Local Code required: _____	
		Safety Agency Req'd: _____	
All our units can be Rated in accordance to AHRI 550/590			