

Palmer Transporter Application Sheet

Print Name: _____ Title: _____

Company: _____ Date: _____

Address: _____

City/State/Zip _____

Phone: _____ Fax: _____ Email: _____

The information requested is needed to better understand your transporter application and will be used only as a basis to prepare a proposal for your specific situation.

Please provide the requested information as complete as possible. Thank You.

New Installation To replace existing equipment

Transporter Line/System Name or Identification: _____

1. Material to be transferred: _____

2. Bulk density (pounds/cubic foot) _____; 3. Particle Size Distr. _____

4. Temperature: (°F) _____; Moisture Content (%): _____; Free Flowing? Yes; No;

5. Capacity required (tons per hour) _____; 6. Head room available (feet) : _____

7. Pipe run: (feet) : H1 _____; H2 _____; H3 _____; etc. V1 _____; V2 _____; V3 _____; etc.
where H1, H2, etc. and V1, V2, etc. are the first, second, etc. horizontal/vertical sections of the pipe run

8. Total number of pipe bends: 90° bends _____; 60° bends _____; 45° bends _____;

9. No. of receiving bins: New _____; Existing _____; 10. Are bins equipped with high level probes: Yes;Á
No;

11. List Manufacturer, type and model number of level probes _____

12. Dust Collection: need new; Use existing;

13. Compressed air available (psig) _____

14. What is your approximate time frame for the purchase? budget only

1-2 months 3-6 months 7-9 months 10-12 months over 12 months

Note: On a separate sheet of paper please send us a sketch (or supply a drawing) showing the desired layout of the transporter and associated pipe run with location of receiving bins. Like they say, a picture is worth a thousand words.



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