

# Industrial Data Application Form

CONTACT INFORMATION				
Company Name:	First Name:	Last Name:		
Street Address:	City:	State:	Country:	Zip Code:
Email:	Phone:	Do you wish to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
LobePro Contact (If applicable):		Distributor Contact Name (If applicable):		
Requirements: <input type="checkbox"/> Urgent <input type="checkbox"/> Quote <input type="checkbox"/> Planning/budgetary <input type="checkbox"/> Bidding <input type="checkbox"/> Reference drawing <input type="checkbox"/> Full submittal needed				

MATERIAL / PROCESS DESCRIPTION					
Fluid/material description:					
Normal viscosity:	Minimum:	Maximum:	Abrasives:		
Normal fluid temperature:	Minimum:	Maximum:	Vapor pressure:	Specific gravity:	pH level:
Suspended solids (% weight):	Dissolved solids (% weight):		Hard solid size:	Soft solid size:	

CONDITIONS OF SERVICE					
Process description:					
From (equipment/process before pump):			To (equipment/process after pump):		
Normal flow capacity:	Minimum:	Maximum:	Usage – Hours per day:	Is the fluid shear sensitive? <input type="checkbox"/> No/Little <input type="checkbox"/> Moderate <input type="checkbox"/> Very	
Flow type: <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Variable/Multiple set points			Reversible motor rotation required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Suction pressure:	<input type="checkbox"/> Flooded (Positive) <input type="checkbox"/> Lift (Negative)		Suction pipe size:	Suction pipe length:	
Normal discharge pressure:	Minimum:	Maximum:	Discharge pipe size:	Discharge pipe length:	
Control method: <input type="checkbox"/> Variable frequency drive <input type="checkbox"/> Flow control valve <input type="checkbox"/> Other:					
Will washing/cleaning, flushing, or back washing be performed on the pump? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain:			Chemicals used:		
Quantity of Pumps Requested:	Requested Configuration:			<input type="checkbox"/> New installation <input type="checkbox"/> Existing installation	
If replacing another manufacturer, please list reason or issues with current pump:					
Other special application concerns or general notes:					