

LectroCount Ordering Worksheet

Date _____

DISTRIBUTOR INFORMATION

Distributor Name/ Contact Person _____

CUSTOMER INFORMATION

Customer Name _____

Customer Address _____

Contact Name/ Telephone _____

APPLICATION DATA

Product (process fluid): _____

Flow Rate (lbs/min): _____ Min _____ Max _____ Normal

Temperature Range (F): _____ Min _____ Max _____ Normal

Maximum Non-Shock Operating Pressure: _____

Maximum Viscosity: _____ @ _____ (TEMP in°F)

Specific gravity: _____ @ _____ (TEMP in°F)

Construction Class (1,2,3,etc.): _____

Accessory Configuration (A,B,C,etc): _____

Seal Material: _____ STANDARD BUNA/VITON
_____ ALL VITON _____ ALL TEFLON

Direction of Flow: _____ L to R _____ R to L

Read Out: (Gal., L., LBS., etc): _____

Counter and Printer: _____ Zero/Face UP _____ Zero/Face Down
_____ Accum.

Strainer Basket: _____ 40M _____ 80M _____ Other

Flange Size: _____

Flange Type: _____ NPT _____ BSPT _____ SLIP WELD
_____ ANSI _____ DIN _____ Other

Options: _____
