



Unimac LP
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GAS COMPRESSOR QUOTE REQUEST FORM

The following information is needed to quote a gas compressor.
 Fields with a (*) are required fields.

OPERATING CONDITIONS

Gas Composition available yes no SG _____

Flow: * _____ (MSCFD, SCFH, SCFM, SM³/d, SM³/hr, SM³/min)

Inlet Temperature: _____ (70° F, 21°C)

Inlet Pressure * _____ (PSIA, PSIG, in Hg, in W.C., bar g, bar a, mbar)

Discharge Pressure: * _____ (PSIG, PSIA, bar g, bar a, mbar)

Application: Vapor Recovery Wellhead Flare Gas Other _____

Application: Gas Gathering Landfill / Bio Gas

Location: In Building Outdoor Low Ambient Protection Required?

Drive: Electric Motor Class 1 Div I Class 1 DIV II VFD Other _____

Natural Gas Engine Preference _____ Emissions Req _____

Controls: Basic Intermediate Advanced Other _____

Condensate Removal Reqd.: yes no Rate _____

To Atm Tank yes no

To Pressure Tank yes no

Additional Information:

CONTACT INFORMATION

DATE: _____

Name: * _____

Company _____

Phone Number * _____

Fax Number _____

Email * _____

Required Quotation Date: _____

Preferred method of contact email fax phone