



(Please close and tape edge before mailing. DO NOT STAPLE.)

QUICK QUOTE

Warren Electric Corporation

36 Franklin Street, P.O. Box 86,

Warren, Rhode Island 02885 USA

QUICK QUOTE

ISO 9001 REGISTERED

TOLL FREE: 877 399-4328 TEL: 401 245-3700 FAX: 401 245-9331

For help with your electric heater application, please complete as much information as possible.

An applications engineer or technical salesperson will respond to help you with your specific needs.

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____ Country _____
Tel: (____) _____ - _____ Ext _____ Fax: (____) _____ - _____
EMAIL ADDRESS: _____ WEB SITE: _____

REQUEST FOR QUOTATION

Please (____) MAIL, (____) FAX, or (____) EMAIL a quotation for the following.

Delivery required (____) ASAP or _____

Yes, there are a lot of details to an Electric Heater! Please let us know about your application!

(____) REPLACEMENT HEATER Model # _____ Quantity _____
Manufacturer _____ KW _____ VOLTS _____ PHASE _____
The heater failed due to: (____) Old Age (____) Operator Error (____) Misapplication (____) Don't Know
(____) Other

... OR ... Please complete as much information as possible or applicable:

(____) NEW APPLICATION (____) Just Quote or (____) If further recommendation(s) can be made, CONTACT
(____) I Need Technical Assistance _____ TEL(____) _____ - _____ EXT _____
QUANTITY REQUIRED _____
My Application Requires:
A. (____) Flanged Immersion Heater(s)
B. (____) Screw Plug Immersion Heater(s)
C. (____) Fuel Oil Heater(s)
D. (____) Hydraulic/Lube Oil Heater(s)
E. (____) Circulation Heater(s)
F. (____) Other _____
E. Circulation Heater(s) Details... Insulation & Jacket: (____) No (____) Yes
Insulation: Type _____ Thickness _____
ASME Certification Required: (____) No, (____) Yes, (____) Maybe
Inlet & Outlet: Size _____ Location _____
(____) Flanged (____) FNPT (____) MNPT (Sketch or indicate)
(____) Drain (____) Vent (____) OTHER _____
POWER - Required Wattage _____ KW or _____ Watts (if unknown - refer to POWER REQUIREMENT below-A & B)
Volts _____ Phase _____ Watt Density _____ WSI (watts per square inch - specify if known)
Fluid/Gas to be heated _____ Cold Lead Wet Side _____ (indicate desired minimum if applicable)
Element Sheath Material _____ Flange/Plug Material _____ (if specific materials are required)
Maximum Immersion Length _____ Preferred Flange/Plug Size _____ Operating Pressure _____ PSIG
Operating Temperature _____ (°F or °C) Maximum Bundle Diameter _____
Mounting Installation (____) Horizontal (____) Vertical If Vertical, Terminal Enclosure (____) Up (____) Down
Terminal Enclosure (____) Standard (____) Weather-Resistant (____) Explosion-Resistant (____) Other _____
Thermostat (____) No (____) Yes Temperature Range (____) 0°-100°F (____) 60°-250°F (____) 175°-550°F (____) Other _____
Thermocouple (____) No (____) Yes If Yes, Type "____" RTD (____) No (____) Yes Other comments _____

POWER REQUIREMENT

Please complete the following if power is unknown. Should your application require both temperature elevation and temperature maintenance, complete both items A & B below.

(____) A. I Need to Maintain Tank Temperature
Tank Dimensions _____ Dia. x _____ L or _____ L x _____ W x _____ H Closed Top (____) No (____) Yes
Tank Insulation (____) No (____) Yes Type/Thickness _____ Tank (____) Vertical (____) Horizontal
Desired Temperature _____ (°F or °C) Ambient Temperature (worst case) _____ (°F or °C)
(____) B. I Need to Increase the Temperature
Beginning Temp _____ (°F or °C) Desired Temp _____ (°F or °C) Allowable Heat-up Time _____ HRS/MIN
Flow rate _____ (____) gallons or (____) pounds per _____ hour, _____ minute, or _____ second

Please do not hesitate to call, write, or FAX for more assistance in sizing, calculating, or any other guidance you require to determine your electric heater needs...

PHOTOCOPY AND FAX OR MAIL FOR QUOTE.

CALL, WRITE OR FAX FOR ADDITIONAL "QUICK QUOTE" FORMS - "QQ-100"