



Request for Quote

FAX: 907-770-1851
EMAIL: info@rotatingservices.com

Company: _____ Name: _____
Phone: _____ E-mail: _____

GENERAL

Compressor: Reciprocating Rotary Screw
Lubrication: Oil-Less Water Injected
Mount Type Base Tank
Tank Capacity: _____
Tank Style Horizontal Vertical
CFM : _____
Voltage: 460-3-60Hz 230-3-60Hz 208-3-60Hz 575-3-60Hz Other: _____
Drive Type Electric Motor Gas Diesel
Pump Stage: Single Double

QUOTE REQUIRED BY: _____

NOTES: