

# APPLICATION QUESTIONNAIRE

In order to provide the correct flexible connector we require the following information.

**Please complete as fully as possible and fax to 860-289-8744**

CONTACT INFO			
Company Name:		Date:	
Address:		Phone:	
City:	State:	Zip:	Fax:
Email Address:			

APPLICATION DETAILS					
Application Dimensions:		Circle One: Square    Rectangle			
Top Opening:	inches	Circle One: Diameter    Circumference		Rectangle: _____" x _____"	
Bottom Opening:	inches	Circle One: Diameter    Circumference		Rectangle: _____" x _____"	
Connector Length:	inches (Include length for clamp area)				
Pipe-work offset?	Yes	No	Offset:		inches
Material being handled:					
<b>CIRCLE ONE</b>					
Material Form:	Powder	Pellet	Granule	Slurry	Liquid
Abrasive Characteristics:	High	Medium	Low		
Chemical Attack / CIP:	Acid	Caustic	Salt	Solution %:	
FDA-Acceptable Application:	Yes	No			
Temperature Range:	°F / °C	Normal Operation:		°F / °C	Surge Condition: °F / °C
Pressure in pipe-work?	Yes	No	Max PSI:		
Vacuum in pipe-work?	Yes	No	Inches in Hg:		
Weighing application?	Yes	No	Batch Weight:		lbs
Vibratory/Gyratory Equipment?	Yes	No	Throw:		RPM: