

Customer Application Assessment

The purpose of this assessment is to collect customer application data to determine the best -----solution for your application. *Mandatory fields are noted with an asterisk (*) If you have any questions please contact our Sales team -----*

Contact Information

Company Name*		Address: Street, City, State, Zip*	
Requestor (Name & Title)*		Sales Contact (Name & Title)*	
Requestor Email*		Sales Email*	
Requestor Phone*		Sales Phone*	
EAU (Estimated Annual Usage)*		Engineering Contact (Name & Title)*	
Description of Scope of Application*		Engineering Email*	
		Engineering Phone*	

- -----Application

Drawing Provided (If yes, please attach.)	
Mechanical Fuel System Schematic Provided (If yes, please attach.)	
Electrical Schematic (Shared with Fuel Pump) (If yes, please attach.)	
Describe any Circuit Protection Mechanism(s) to protect pump	
Supply Voltage [V]*	
Expected Supply Voltage Peak [V]	
Voltage Trace Provided for Steady State (If yes, please attach.)	
Voltage Trace Provided for Transient State (If yes, please attach.)	
Fuel Type*	
Gallons per Hour [GPH]	
Working Pressure [PSI]	
Shut off Pressure [PSI]	
Vertical Lift [Inches]	
Internal Check Valve Required	
Internal Positive Shutoff Required	
Filter Requirements in Microns	
Engine Make & Model*	
Fuel Line Size [Inches]	
Pump Orientation	
SAE Dirty Fuel Specification (If yes, please provide spec.)	
Expected Fuel Supply Temperature Range [°F]	
# of Samples Required	

Need by Date of Samples

Please fill out the assessment and send to -----

We appreciate your time and look forward to doing business with you.
