

Customer Data Sheet

Date: _____

1. Customer Information

Company Name: _____
Contact Name: _____
Billing Address: _____ City: _____ ST: _____ ZIP: _____
Shipping Address: _____ City: _____ ST: _____ ZIP: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____

2. Project Schedule/Project Funding

When is equipment needed on site? (mm/yyyy): _____
To achieve this delivery, how soon can a purchase decision be made? (mm/yyyy): _____
What is the funding status? Budgeting, Planning, Requesting Funds Capital Spending Approved
Project Budget (if approved): _____

3. Material Information

Product Name: _____
Bulk Density: (Settled) _____ (Aerated) _____
Particle Size: _____
Particle Description: Powder Flake Pellet Granule Other: _____
Flowability: Free – Flowing Free – Flowing w/Aeration Sluggish
Friable: Yes No Is degradation a concern? Yes No
Moisture Content: _____ % Material Temperature: _____
Characteristics: Abrasive Corrosive Sticky Hygroscopic Toxic
 Smears Bridges Adhesive Explosive (Kst _____ Pmax _____)
Temperature – Sensitive at _____ F/C Degrees

4. Application Information

Describe the desired material handling process:

Desired Convey Rate: _____

Convey Distance: Horizontal: _____ Vertical: _____ Elbows [Qty]: _____

Duty Cycle (hrs/day, days/week, shifts, etc.): _____

Is the proposed equipment going to be used in a new or existing process? New Existing

If existing, will we be replacing any equipment? Yes No

If yes, what existing equipment are we replacing? _____

What problem will the new equipment solve? _____

How long has this been a problem? _____

What has been tried to fix it? _____

What other options/solutions are being explored? _____

Material Source: Where exactly does the Cyclonaire project scope begin?
(i.e. railcar hopper outlet, PD truck connection, silo outlet, etc.)

Is the material source continuous feed? Yes No

Material Destination: Where exactly does the Cyclonaire project scope terminate?
(i.e. silo bin vent, truck loadout spout, hopper outlet valve, etc.)

Material of Construction: Carbon Steel 304SS 316SS
 304SS material contact 316SS material contact

Product-contacting Surface Requirements (if any): _____

5. Installation Site Information

Equipment Location: Indoor Outdoor Portable Fixed

Installation Site ZIP Code: _____ Altitude: _____ Ambient Temperature Range: _____

Electrical Area Classification: None _____

Frequency: 50 Hertz 60 Hertz Electrical Service (Volts): 120 220 380 460 600

Control Voltage: 24V 120V _____

Noise Limit: _____ dB-A

Existing Dust Collection [scfm]: _____ Available Air Supply: _____

6. Miscellaneous Information

Batch Accuracy: _____

Total Batch Time of Mixer: _____

Time Allowed to Fill Mixer/Blender: _____

Time Between Batches: _____

Food Applications – Please specify finish of interior and exterior surfaces: _____

Is cross-contamination an issue? (please specify) _____

Custom Paint Specifications: _____

7. Conceptual System Sketch

Draw sketch below or insert an image on the next page.



7. Conceptual System Sketch

Insert an image below.

