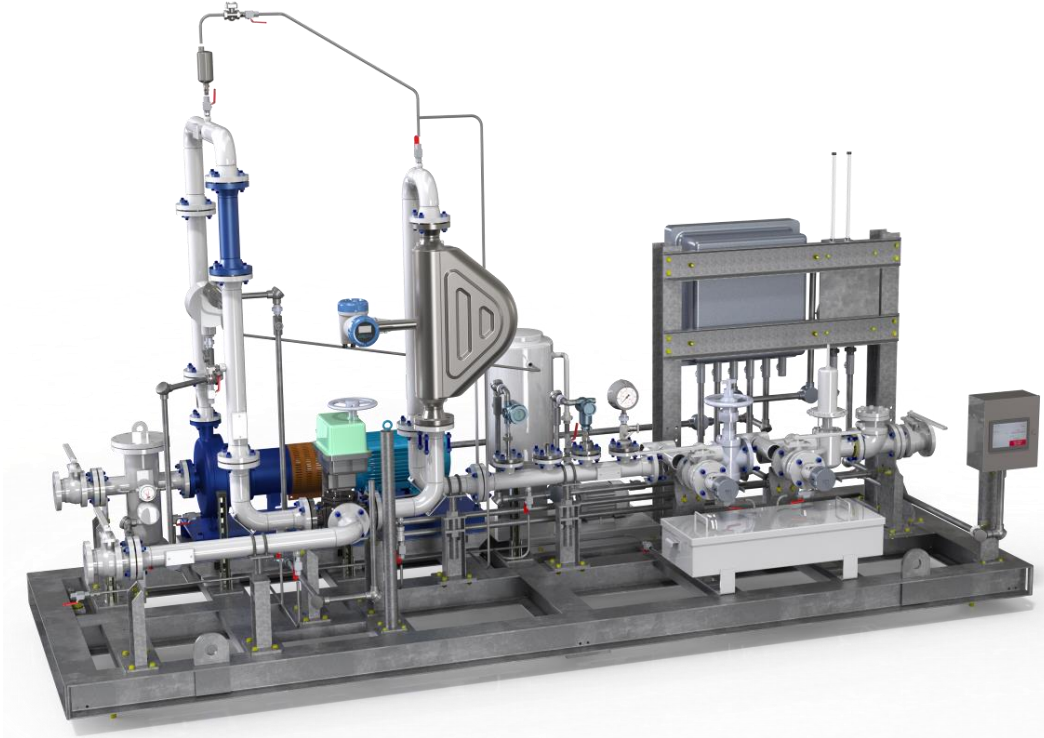


**OIL & GAS
PROCESS
SOLUTIONS**

LACT SKID QUOTE SHEET



- ✓ 1 YEAR WARRANTY
- ✓ FREE ON-SITE START-UP
- ✓ FREE DOMESTIC SHIPPING

CUSTOMER INFORMATION

Company Name:			
Company Address:			
Contact Person:		Contact Title:	
Contact Email:		Contact Phone #:	

GENERAL INFORMATION

LACT Destination:	Ambient Temp Max _____ Min _____ <input type="checkbox"/> F <input type="checkbox"/> C		
Site Location:	<input type="checkbox"/> Onshore <input type="checkbox"/> Near Shore <input type="checkbox"/> Offshore <input type="checkbox"/> Mobile		
Power Connection:	_____ VAC <input type="checkbox"/> Single Phase <input type="checkbox"/> 3 Phase		
Hazardous Area Classification:	<input type="checkbox"/> CSA <input type="checkbox"/> ATEX <input type="checkbox"/> IECEx <input type="checkbox"/> GOST <input type="checkbox"/> Other _____		
Class _____	Division _____	Group _____	or Group _____ Zone _____

PLEASE COMPLETE BACK SIDE OF FORM BEFORE SUBMITTING

PROCESS CONDITIONS							
Process Fluid(s):			Product Temp:		Min:	Max:	
Flow Rates	Max:	Min:	Average:		<input type="checkbox"/> GPM <input type="checkbox"/> BPH <input type="checkbox"/> M ³ PH		
ANSI Rating / Design Pressure:				<input type="checkbox"/> ANSI <input type="checkbox"/> PSI <input type="checkbox"/> Bar <input type="checkbox"/> MPa			
Inlet / Outlet Connection Size:							

METER OPTIONS							
Meter Type: <input type="checkbox"/> Coriolis <input type="checkbox"/> Positive Displacement <input type="checkbox"/> Turbine <input type="checkbox"/> Other _____							
Flow Rates	Max:	Min:	Average:		<input type="checkbox"/> GPM <input type="checkbox"/> BPH <input type="checkbox"/> M ³ PH		
ANSI Rating / Design Pressure:				<input type="checkbox"/> ANSI <input type="checkbox"/> PSI <input type="checkbox"/> Bar <input type="checkbox"/> MPa			
Inlet / Outlet Connection Size:							

INSTRUMENTATION OPTIONS							
Densitometer <input type="checkbox"/> Yes <input type="checkbox"/> No		Densitometer Requirements:					
Viscometer <input type="checkbox"/> Yes <input type="checkbox"/> No		Viscometer Requirements:					
RTD & Temp Transmitter Reqs:							
Pressure Sensor & Transmitter Reqs:							
Controller / Preset Req:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, note specifications:					

SKID CONFIGURATION / OPTIONS							
Charge Pump Required:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, required NPSH: _____					
Isolation Valve Type:		<input type="checkbox"/> Ball <input type="checkbox"/> Gate <input type="checkbox"/> Plug <input type="checkbox"/> Butterfly <input type="checkbox"/> Other _____					
Isolation Valve Actuation:		<input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic					
Isolation Valve Seal / Seat Requirements:							
3 Way Divert Valve Required:		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Divert Valve Actuation:		<input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic					
Divert Valve Seal / Seat Requirements:							
Double Block and Bleed Prover Valve Required:				<input type="checkbox"/> Yes <input type="checkbox"/> No			
DBB Valve Actuation:		<input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic					
DBB Valve Seal / Seat Requirements:							
Strainer Requirements:				Static Mixer Standard: _____ Element			
Sample System Requirements:							
X-Ray: <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ <input type="checkbox"/> Per API 1104 <input type="checkbox"/> Other _____							
Hydrostatic Test: _____ <input type="checkbox"/> PSI <input type="checkbox"/> Bar <input type="checkbox"/> MPa for _____ Hours							
Paint / Plating Specifications :							
<input type="checkbox"/> Grating on Skid Frame <input type="checkbox"/> Drain Sump Pump							
Misc. / Other :							