

Date \_\_\_\_\_

**Company information**
**Company Name** English : \_\_\_\_\_ Other Language : \_\_\_\_\_

**Established Date & Capital**

Date : \_\_\_\_\_ Capital (USD) \_\_\_\_\_

**Tel & Fax**

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

**Homepage& E-Mail**

URL : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Address**

\_\_\_\_\_

**Ownership**

Public / Private / Joint Venture / Corporation / Others ( \_\_\_\_\_ )

Administrator: \_\_\_\_\_ Engineer(R&amp;D): \_\_\_\_\_ Worker: \_\_\_\_\_ Total: \_\_\_\_\_

**Employees**

\_\_\_\_\_

**Company Function**
 Own Branding       Manufacturer       Distributor

**Major Territory**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Products	Sales Volume (PCS/YR)	Sales Amount (USD)	Domestic (%)	Supplier
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Sales Portion**

\_\_\_\_\_

Customer	Products	Customer	Products
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**Major Customers**

## 1) Production Facilities

Pattern	Description	Years	Sets	Maker	Capacity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Main Facilities**

## 2) Measuring Equipment

Pattern	Description	Years	Sets	Maker	Capacity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Have you ever used AQ&Q pump?**

\_\_\_\_\_

**Who do (did) you purchase from?**

\_\_\_\_\_

**Product Application Specification**

**1. Rated Voltage:**

AC/DC \_\_\_\_\_

**2. Operating Flow Rate and Pressure Requirements:**

Min. Operation Flow \_\_\_\_\_ GPM@ \_\_\_\_\_ PSI \_\_\_\_\_ Liters/Min @ \_\_\_\_\_ Bars

Max. Operation Flow \_\_\_\_\_ GPM@ \_\_\_\_\_ PSI \_\_\_\_\_ Liters/Min @ \_\_\_\_\_ Bars

**3. Type of Control:**

Demand Switch: Max Pump Shutoff Pressure \_\_\_\_\_ PSI or \_\_\_\_\_ Bars

Bypass Configuration: Max Bypass Pressure \_\_\_\_\_ PSI or \_\_\_\_\_ Bars

Manual/Float Switch/Solenoid/Timer/Other \_\_\_\_\_

**4. Size Requirements Max Dimension:**

Height \_\_\_\_\_/Width \_\_\_\_\_/Length \_\_\_\_\_/Weight \_\_\_\_\_/Other \_\_\_\_\_

**5. Duty Cycle:**

Continuous/Intermittent; System on Time \_\_\_\_\_ Hours/D \_\_\_\_\_ Days/Year Other

**6. System Plumbing Configuration:**

Tubing Size \_\_\_\_\_ Scution Length \_\_\_\_\_ Horizontal Lift \_\_\_\_\_

Discharge Length \_\_\_\_\_ Horizontal Rise \_\_\_\_\_ Other \_\_\_\_\_

**7. Self Priming Requirement:** Yes/No ; Required Lift \_\_\_\_\_; Flooded Inlet Yes/No

**8. Dry Run Capabilities:** Yes /No ; How Long \_\_\_\_\_

**9. Environment:** Ambient Temperature \_\_\_\_\_°C/ \_\_\_\_\_°F ; Humidity \_\_\_\_\_%

Liquid to be Pumped: \_\_\_\_\_ Temperature of Liquid: Min. \_\_\_\_\_ °C/ \_\_\_\_\_ °F Max \_\_\_\_\_ °C/ \_\_\_\_\_ °F

**10. Agency Approvals Required:** \_\_\_\_\_

**11. Seek for Replacement:** Yes/No ; Brand \_\_\_\_\_; Model No. \_\_\_\_\_

**12. Other Inquires:** \_\_\_\_\_