



Shanley Pump & Equipment, Inc.
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PUMP QUOTE FORM

Name _____	Description _____
Address _____	_____
_____	_____
Phone _____	_____
Fax _____	_____
Email _____	_____

INTERESTED IN

Pumps <input type="checkbox"/>	Pump Parts <input type="checkbox"/>	Pump Services <input type="checkbox"/>	New Applications <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Progressive Cavity <input type="checkbox"/>	Screw <input type="checkbox"/>	
EDUR <input type="checkbox"/>	ALLWEILER® <input type="checkbox"/>	HILGE	OSNA <input type="checkbox"/> SEIM <input type="checkbox"/>
SPECK <input type="checkbox"/>	LIBERTY PROCESS <input type="checkbox"/>	OTHER <input type="checkbox"/>	

Pump Requirements _____

Fluid <input type="text"/>	Pump Requirements _____
GPM <input type="text"/>	_____
Suction <input type="text"/>	_____
Discharge <input type="text"/>	_____
Operating Temp <input type="text"/>	_____
Viscosity Min <input type="text"/>	Current Pump Manufacturer
Viscosity Max <input type="text"/>	Current Application _____
Motor <input type="text"/>	MFR _____
Seal Type <input type="text"/>	MODEL _____
Specific Gravity <input type="text"/>	S/N _____

