



AGI Industries
An Employee Owned Company

Gas Compression Quote Request

Please fill out the information below and submit your quote request through the AGI Industries's website. Upon receipt, an AGI Industries representative will contact you about your product needs.

COMPANY INFORMATION

Company _____	Contact Name _____
Address _____	Telephone _____
City / State / Zip _____	Fax _____
Project Name _____	Email _____
Salesman Name _____	
Notes: _____	

Application Information	1	Application Type:	<input type="checkbox"/> Wellhead Compression	<input type="checkbox"/> Gas Gathering	<input type="checkbox"/> Casing Gas
			<input type="checkbox"/> Vapor Recovery	<input type="checkbox"/> Gas Lift	
	2	Gas Composition:	* Attach with submittal.		
	3	Drive Type:	<input type="checkbox"/> Electric Driven	<input type="checkbox"/> Natural Gas Driven (Engine)	
	4	Normal Flow (MCFD):			
	5	MAX Flow (MCFD):			
	6	Suction Pressure (PSIG):			
	7	Suction Temperature (F):			
	8	Discharge Pressure (PSIG):			
	9	Discharge Temperature (F):			
	10	Elavation (FASL):			
	11	AREA Classification:	<input type="checkbox"/> Class 1 Div. 2 Group D	<input type="checkbox"/> Class 1 Div. 1	
12	Commpressor Type:	<input type="checkbox"/> Rotary Screw	<input type="checkbox"/> Rotary Vane	<input type="checkbox"/> Reciprocating	

NOTE: Gas analysis MUST be submitted with quote form.