



Expect more from your bag filtration.

APPLICATION INFORMATION FORM

COMPANY NAME			
ADDRESS (STREET & NUMBER, P.O. BOX OR ROUTE NUMBER)			
CITY, STATE, ZIP CODE			
CONTACT NAME	JOB TITLE	PHONE#	EMAIL

PLANT OR LOCATION NAME		
FLUID TYPE	IS FLUID ANALYSIS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OPERATING FLOW RATE (GPM)	PRESSURE (PSI)	TEMPERATURE (°F)
LIQUID CONTAMINANTS <input type="checkbox"/> OILS <input type="checkbox"/> HYDROCARBONS <input type="checkbox"/> CONDENSATES <input type="checkbox"/> CHEMICAL INHIBITORS <input type="checkbox"/> GLYCOL <input type="checkbox"/> OTHER _____		
SOLID CONTAMINANTS <input type="checkbox"/> IRON OXIDES <input type="checkbox"/> IRON SULFIDES <input type="checkbox"/> SAND <input type="checkbox"/> OTHER _____		

VESSEL MANUFACTURER	VESSEL MODEL NUMBER	NUMBER OF CAGES
BAG FILTER MANUFACTURER(S)	PART NUMBER(S)	
MICRON RATING(S)	FILTER MEDIA MATERIAL	<input type="checkbox"/> STEEL RING <input type="checkbox"/> PLASTIC FLANGE <input type="checkbox"/> OTHER
TYPICALLY CHANGEOUT BAGS _____ TIMES PER HOUR / DAY / WEEK		AVG CHANGEOUT TIME

PLEASE DESCRIBE THE APPLICATION PROCESS BELOW USING TEXT OR A FLOW DIAGRAM.

PLEASE SUBMIT COMPLETED FORM TO

energyteam@xfinio.com