FAX IT!
860-747-4244

Photocopy This Form
Use one form for each product type you are selecting.

This form may also be completed online at gemssensors.com for RFQ.

This is a ☐ Request for a Quote
☐ Order P.O.# _____

Quantity Needed _____

Date Required ____/____/____

Shipping Method:_____

Partials Accepted: ☐ Yes
☐ No

Name _____

Company _____

Street _____

City_____ State ____ Zip_____

Phone (_____) _____

Fax (_____) _____

DIPTAPE Level Indicators

Application Environment Conditions

This information is essential to the accurate and proper operation of your DipTape Level Indicators. Please complete fully and accurately.

1. Liquid Media: _____

2. Pressure: Minimum_____psig Maximum _____ psig

3. Temperature: Minimum _____ °F Maximum _____°F

4. Specific Gravity: Minimum _____ Maximum _____

5. Viscosity: _____ SSU

6. Tank Material: _____

7. Tank Depth: _____

1. Mounting Type:

☐ Type B ☐ Type C
☐ Type 3 ☐ Type 4

2. Material:

☐ PVC ☐ PVDF ☐ Polypropylene
☐ Brass ☐ 316 Stainless Steel
Flange – Alloy Version:
☐ 316 Stainless Steel ☐ Carbon Steel

3. Float Types:

☐ PVC ☐ PVDF ☐ Polypropylene
☐ Buna N ☐ 316 Stainless Steel

4. Stem Length (Length Overall) "B"

Dimension B = _____ ☐ inches ☐ centimeters
Max. indicating length 72″.
Other lengths, consult factory.

ORDER IT!

Please contact Gems for any configuration or special requirements not covered on this form. **800-378-1600**

Quote: $ _____ Date Quoted:____/____/____

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