

Request for Quotation

Form can be printed out and faxed to 503.639.1800 or mailed to McCormack Coil Company, Inc. @ PO Box 1727, Lake Oswego OR 97035 USA.
Form can also be sent to Sales Representative serving your location. See <http://www.mmccoil.com/sales.htm>

General Information	
Company Name	Company Contact
Location	Phone
Fax	Email
Catalog Required (yes / no)	Drawing Required (yes / no)
Industrial Evaporators	
Model Number or Location	Capacity
Room/Box Temperature	Suction Temperature
Refrigerant	Refrigerant Feed Type
Type of Defrost	Total Air Volume
External Static Pressure	Face Velocity
Sub-cooled Liquid Temperature	TXV to be Included?
Platform or Ceiling Mount	Connection Location
Condensate Drain Location	Motor Location (Centrifugal Evaporators)
Electrical Requirements	Space limitations
Additional Information	