

Company _____ Phone (____)____-____ Fax (____)____-____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Compressor Location _____ Unit # _____

Compressor Model _____

Discharge Temperature _____ F or _____ C Max. Discharge Pressure _____ PSI

Lubricator Box Mfg _____ Other: _____ Model #: _____

Is the lube box driven off the compressor shaft (sheave driven)? Yes No

If the lube box is driven off the compressor shaft, what is the sheave size? Box End _____ Drive End _____

Oil supply pressurized from:

Divider Block Manufacturer _____ Provide new Divider Blocks? Yes No

Current Lube No-Flow Device _____ Other _____ Provide new No-Flow Device?

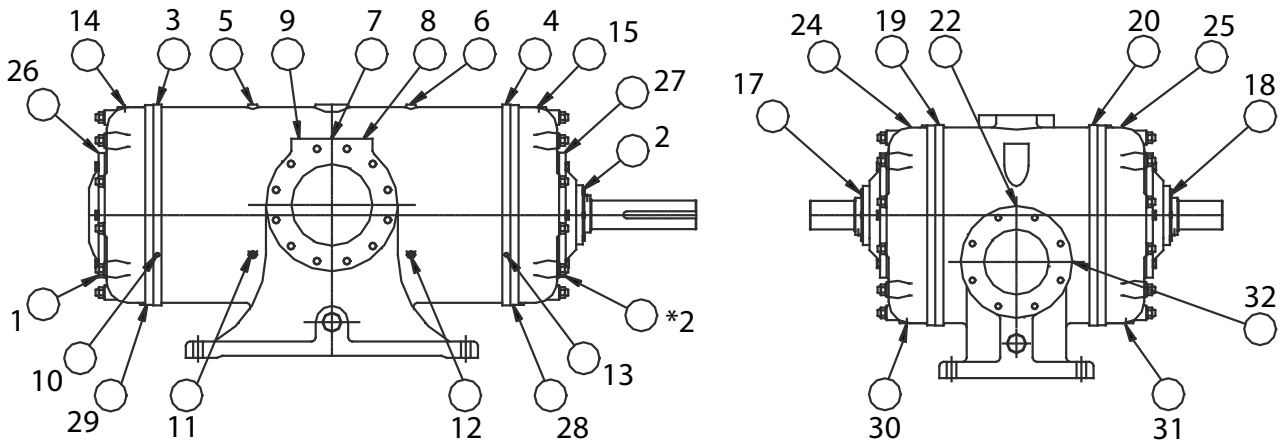
Condition of Gas Compressed: Air Pipeline Quality Sweet Sour Dry Wet CO2 Propane

Other: _____

Check Valve Size: 1/4" 1/8"

Select each lube injection point in use

INLET SIDE SHOWN



* ON UNITS WITH STUFFING BOX ONLY.

Special Instructions:

Name : _____ Date: _____ Email: _____