

OTA COMPRESSION

COMPRESSOR SIZING APPLICATION

1. COMPANY INFORMATION

Company Name: _____ Date: _____
Office Phone: _____ Contact: _____
Email: _____ Mobile Phone: _____

2. LOCATION INFORMATION

Location Name: _____ County: _____
State: _____ Elevation: _____

3. CONDITIONS

Min. Suction: _____ Max. Discharge: _____ Est. Rate: _____
Inlet gas temp: _____ Gas Type: _____ BTU: _____
HP: _____

4. BUYERS/LEASE PREFERENCE. (Circle one of the following)

Lease Lease-purchase Purchase

5. REQUESTED DELIVERY DATE

NEW UNIT ONLY

1. PACKAGE OPTIONS (Circle any required)

After-cooler Trailer mounted Blow-case Suction make-up Top
Remote monitoring Alternating separators Full enclosure Suction regulator

2. PREFERRED DRIVER SELECTION (Circle one of the following)

Toshiba electric (standard) Baldor electric None
350 GM (standard) 8.1 L GM Other _____
V-10 Ford 5.9 Cummins
G 3304 Caterpillar VRG 330 Arrow

OTA Compression
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