

APPLICATION DATA SHEET

DISTRIBUTOR

END USER

Contact: _____

Phone: _____

Fax: _____

Email: _____

TRUCK DATA

Year: _____ Make: _____ Model: _____

Engine: _____ Transmission Make: _____ Transmission Model: _____

GVW: _____ W.B. _____ C.A.: _____ 4-WH Drive: Yes _____ No _____

Heavy Duty Cooling: Yes _____ No _____

Crew Cab: Yes _____ No _____

COMPRESSOR DATA

Requested Output: _____ CFM @ _____ PSI

Preferred Cooler Location: _____ Remote Mount / _____ Front Mount

Specify Type of Operation (i.e., Utility Trk, Service Lube Trk, etc.): _____

Type of tools or equipment using compressed air: _____

Approximate Hours Of Use Per Day: _____

What else is being driven hydraulically? What is the flow rate required and hydraulic pressure for the other hydraulic drive equipment? Does the hydraulic driven equipment have to run at the same time as the air compressor? _____

MISC: _____