



Edwards Engineering

60 Years of Excellence

Chiller Solutions LLC
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Food & Pharmaceutical Chiller Request for Quotation

Company _____

Name _____ Date _____

Address _____ Office Number _____

_____ Cell Number _____

City _____ Fax Number _____

State/ Province _____ Zip/ Postal Code _____ Email _____

Unit Specification

New

Replacement: Model _____

Serial # _____

Market

Food Pharmaceutical

Desired Location

Indoors Outdoors

Condenser

Air Cooled Water Cooled Tower Water

	Yes	No
Reservoir Tank	<input type="radio"/>	<input type="radio"/>
Integrated Pump Assembly	<input type="radio"/>	<input type="radio"/>
Remote Electrical Panel	<input type="radio"/>	<input type="radio"/>
Bag or Cartridge Fluid Filter	<input type="radio"/>	<input type="radio"/>
Air Filter	<input type="radio"/>	<input type="radio"/>
HEPA Filter	<input type="radio"/>	<input type="radio"/>

Heat Load _____ k BTUH kW

Electrical _____ V HZ Phase

Refrigerant to Be Used _____

Fluid Type

Water /Glycol Mix _____ Propylene

Oil _____ Ethylene

Water Soluable _____
Brand _____ Model _____ SSU _____

Hydraulic Fluid _____
Brand _____ Model _____ SSU _____

DI Water Include DI Circuit _____
Microsiemen Level _____

Other (describe) _____

Description of Application - Comments & Requests

Desired Chiller Fluid Leaving Temp _____ Desired Flow Rate _____ GPM LPM

Chiller Fluid Returning Temp _____ Pressure Drop _____ FT PSI Bar