# Hose Quote Request Form

100% Associate Owned

**D&W Sales Rep / Person Requesting Quote:** _____

**Customer Name:** _____ **Date:** _____

**Customer Contact Person:** _____ **CMI#:** _____

**Current Product:** _____

**Desired Product:** _____

| | | | | |
|---|---|---|---|---|
| **S**ize | I.D | O.D (If a concern) | Overall Length (is O.A.L. critical?) | |
| | | | | |
| **T**emperature | Material being Conveyed | | Outside Exposure (if a concern) | |
| | Min. (F or C) | Max. (F or C) | Min. (F or C) | Max (F or C) |
| | | | | |
| **A**pplication | Type of Service | | | |
| | | | | |
| | Indoor/Outdoor | Is flexibility a concern? | External Conditions | |
| | | | | |
| | Intermittent/Continuous Use | | Electrical Static Conductive | |
| | | | | |
| **M**aterial | Material Being Conveyed | | | |
| | | | | |
| **P**ressure (Vacuum) | Working Pressure of System | | Vacuum Required | |
| | | | | |
| **E**nds | End | Style | Material | Attachment Method |
| | #1 | | | |
| | #2 | | | |
| **D**elivery | Quantity | Date Required | Ship Via | |
| | | | | |
| | Required Testing | | Required Certification | |
| | | | | |
| Other information or special requirements | | | | |

Please email completed form to **hose@dwdiesel.com**

Print Form