



❖ **CUSTOM PANEL QUOTE REQUEST FORM**

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name : _____

Project Location : _____

Project Phase: _____

Quote Due By: _____

1. What type of panel is available:
- Control
 - Monitor
 - Remote Indicator
 - Other, Please Specify: _____

2. What type of control will be used with the panel:

3. How many panels do you need: _____

4. What NEMA rating do you need the panel enclosure to be:

5. Is the panel flush or surface mounted:
- Flush
 - Surface Mounted

6. How many circuits are required: _____

7. What is the heater supply voltage:
- 120
 - 208
 - 240
 - 277
 - 480

8. What is the estimated load per circuit:

9. What is the type and length of each cable per circuit:

10. Is GFPE required:
- Yes
 - No

11. What type of monitoring do you need:
- Voltage
 - Over Current Or Ground Fault
 - Low Current
 - Low Temperature And High Temperature
 - Other, Please Recommend

12. Are audible alarms required:
- Yes
 - No

13. Are dry contacts required:
- Yes
 - no

Other Special Requirements:

Circuit Information:

Circuit #	Type of Cable	Length of Cable on Circuit	Estimated Load on Circuit

Please fax this form to: (847) 526-4456
On-line form can be submitted on www.delta-therm.com