



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 30 mA G.F.P.E. 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