



Request For Quotation

Name: _____
Company Name: _____
Address : _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Project Name: _____

Area Dimensions:

Length: _____ Width: _____ Height: _____ roof or ceiling shape: flat, apex, or other
(Please e-mail any drawings on PDF files that you have)

Required Humidity: _____ What Electrical Supplies are Available:
Temp. you're maintaining : _____ Volts: _____ Phase: _____ Hertz: _____

Air Treatment: Does the area(s) have Air Conditioning: yes or no If yes:

what is the total volume of air moved: _____ cfm

what is the total of Outside air : _____ cfm

Is any air being exhausted and not recirculated to this area: If yes how much _____ cfm

Do you already have Humidification equipment: yes or no If yes, please state whether Palmetto Humidification, Inc equipment will replace or supplement the existing system?

Is the existing system (circle one) in room, in duct, or other.

Is their heat generated by the manufacturing process: yes or no If yes, please state the horsepower _____ or Kilowatts _____.

Water Source: Well, Municipal, Pond, or Other

Conditions : TDS _____ (ppm), Calcium _____ (ppm)

Attach a copy of your water report, if you have one or please send a one liter of water to our location for analysis.

2950 Hwy 21 Business / P.O. Box 3006

Fort Mill, SC 29708

Ph: 803-548-4919 Fax: 803-548-4995

Use the following form to identify the specific details of your project

Upon Completion please fax back to us at 803-548-4995

REQUEST FOR QUOTATION Date: / /