Globe Motors™

Request For Quotation

FAX: 937 461 1017

☐ Motor ☐ Motorized Device ☐ Fan/Blower

Date:

Pages:

Attention:

Needed By:

Voltage: _____ Size: Diameter _____

Speed: _____ Length _____

Torque: _____ Power Rating: _____

Annual Usage: _____ Duty Cycle: _____

Special Environment: _____ Current Supplier: _____

Fan/Blower: CFM _____ Model Number: _____

Fan/Blower: Backpressure _____ Price: _____

Special Requirements/Drawing

☐ See Attached Drawing

quote requested by:

Name: _____ Phone: _____

Company: _____ FAX: _____

Location: _____ _____

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