



Flow Nozzle Ordering / Pricing Request Sheet

Date: _____

From: _____

Company: _____

Phone: _____

Fax: _____

PO Number: _____

Nozzle Quantity: _____

Nominal Pipe Size: _____

Pipe Schedule: _____

Pipe ID: _____

Flange on Inlet or Outlet of Nozzle: _____

Material (eg. 304SS, 316SS): _____

Nozzle Type/Design Standard: _____

Flow Meter Type: _____

Desired Choking Flow Rate: _____

Once completed, please email to info@cpacl.ca or fax to 403.236.0019