



Air Test System Quote Request Form

Thank you for your interest in OneFLOW, please fill out this form to the best of your ability, and include all units, we can help guide you if needed.

Date:

Name:

Company Name and Address:

Phone:

Email:

Fluid Type: (Air, Argon, Helium, Hydrogen, Nitrogen, Water)

Mass Flow Range: Ex 100lbm/sec, scfm, l/min.)

Desired Uncertainty: (Ex. +/-0.25%)

Desired Repeatability: (Ex. +/-0.15%)

Part Pressure Ratio Range: (Ex. 1.05 – 2.50)

Desired Cycle Time: (seconds)

Please tell us about your project, and include any additional information you feel would be helpful:

Quote Request Forms can be emailed to: info@OneFlowInc.com