

Quote Request Form



Information

Full Name: _____ Company Name: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State/Country* *ZIP Code*

Phone: _____ Email _____

Job Name: _____ Job Location: _____

For Export: YES NO

How did you discover Howe?

Purpose of Using Ice:

Equipment Expected Delivery: ASAP < 1 Month 1-3 Months > 3 Months

What is your biggest challenge when considering the use of ice in your production/processing facility?

What other manufacturers are you considering?

What benefits and features are crucial when determining the purchase of your new/replacement equipment? (Check All That Apply):

- Quality Durability/Reliability Customization ENERGY STAR® Qualified Lead Time Tech Support

Product Selection

New Project: YES NO

Replacement Unit (Please Fill In if Replacing Howe Unit): Model #:

S/N:

1. Size in Pounds (kg):

2. Refrigeration Selection:

HFC: R-404A R-507 R-407A R-448A R-449A R-22

CO2 Sub-critical CO2 Trans-critical Glycol Other

Ammonia: Flooded Recirculated

Installation Location/Water Type:

3. Voltage:

4. Ice machine will be installed on top of a walk-in: YES NO

5. Room temperature where ice machine will be installed: >50°F or 10°C
 If below please state:

6. Ice machine to be installed in processing are: YES NO

7. Ice Storage Bins:

Mobile Express with Ice Carts

Upright Storage Bin

8. Condensing Unit: YES NO

Rack: YES NO

Supplied by Other: YES NO

9. Options: Water Filter: YES NO

Clock Timer: YES NO

Additional Feedback:
