



Request For Quote

We'd be happy to provide a quote for your current project. Use this form to provide the information necessary and we'll get right on it! Once complete, email it to sales@houstonpolytank.com.

PERSONAL INFORMATION

Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Project Name: _____

Ship To:

City: _____ State: _____ Zip: _____

TANK DETAILS

Quantity of Tanks: _____

Gallons of Required Storage: _____

Tank Internal Dimensions: 26" 30" 66" 7.8' 9.2' 11.2' 13.2'

Others: _____

Tank Materials: Polyethylene Polypropylene

Product to be Stored: _____

Concentration: _____ Specific Gravity: _____ Operating Temperature: _____

Maximum Temperature: _____

Where Will the Tank Be Stored (Please check one): Indoors Outdoors

TANK CONSTRUCTION

Bottom:	<input type="checkbox"/> Flat	<input type="checkbox"/> Cone	<input type="checkbox"/> Slope
Top:	<input type="checkbox"/> Flat	<input type="checkbox"/> Cone	<input type="checkbox"/> Recessed Cone
Wall Construction	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall for Secondary Containment	
Is there any pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much? _____
Is there any vacuum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much? _____
Manways:	<input type="checkbox"/> Top	<input type="checkbox"/> Side	<input type="checkbox"/> Both Top and Side
Number of 2" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 3" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 4" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 6" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 8" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 10" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall
Number of 12" Flanges: _____	Flange Position:	<input type="checkbox"/> Top of Tank	<input type="checkbox"/> Sidewall

TANK ACCESSORIES (CHECK ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Ladder with Safety Cage | <input type="checkbox"/> Lifting Lugs |
| <input type="checkbox"/> Carbon Steel | <input type="checkbox"/> Carbon Steel Inspection Ring |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Mixer Mount |
| <input type="checkbox"/> Ladder Without Cage | <input type="checkbox"/> Tie Downs |
| <input type="checkbox"/> Carbon Steel | <input type="checkbox"/> Seismic |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Non-Seismic |
| <input type="checkbox"/> Top Handrail | <input type="checkbox"/> Heater |
| <input type="checkbox"/> Carbon Steel | <input type="checkbox"/> Immersion Heater |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Heating Coil |
| <input type="checkbox"/> Insulation System | |

COMMENTS OR ADDITIONAL INFORMATION: