



Date Initiated:		Quote No:		Test No:					
<input type="checkbox"/> New Application		<input type="checkbox"/> Replacement		<input type="checkbox"/> Similar To					
Salesperson:		Agency:		Date:					
<i>Customer Information</i>									
Company:		Web Site:							
Address:									
City:		State/Province/Zip:		Country:					
Contact:			Title:						
Phone:		Fax:		Email:					
<i>Process Information</i>									
Process:	<input type="checkbox"/> Inj. Mold	<input type="checkbox"/> Ext. Film	<input type="checkbox"/> Profile	<input type="checkbox"/> Ext. Pipe					
	<input type="checkbox"/> Blow Mold	<input type="checkbox"/> Thermoform	<input type="checkbox"/> Rotary Form	<input type="checkbox"/> Compression					
	<input type="checkbox"/> Recycler	<input type="checkbox"/> Other (Explain)							
Process Description:									
<i>Part/Material Information</i>									
Material:	<input type="checkbox"/> Parts	<input type="checkbox"/> Runners	<input type="checkbox"/> Parisons	<input type="checkbox"/> Purgings	<input type="checkbox"/> Sheet	<input type="checkbox"/> Web	<input type="checkbox"/> Other		
Part Description:									
Runner Dimensions:	L	W	D	Wall Thickness	Wt.				
Sheet Dimensions:	L	W	D	Wall Thickness	Wt.				
Web Dimensions:	L	W	D	Wall Thickness	Wt.				
<i>Principal Use</i>									
Granulator Type:	<input type="checkbox"/> Press Side	<input type="checkbox"/> Under Press	<input type="checkbox"/> Central	<input type="checkbox"/> Shredder					
Feed Method:	<input type="checkbox"/> Hand	<input type="checkbox"/> Robot	<input type="checkbox"/> Hand/Robot	<input type="checkbox"/> Conveyor	<input type="checkbox"/> Other				
<i>System Requirements</i>									
Model:									
Desired Throughput (Kg/hr):			Desired Kw:						
Material Temperature(s):									
Screen Size:	<input type="checkbox"/> 4mm	<input type="checkbox"/> 6mm	<input type="checkbox"/> 8mm	<input type="checkbox"/> 10mm	<input type="checkbox"/> 12mm	<input type="checkbox"/> 14mm	<input type="checkbox"/> 19mm	<input type="checkbox"/> 25mm	Other
Electrical Requirements:		Phase		Volts		Cycle			
Special Noise Requirements:									

Evacuation Requirements

Bin Type:	<input type="checkbox"/>	Manual		
Automated:	<input type="checkbox"/>	Vacuum	Tube Size:	O.D.
	<input type="checkbox"/>	Blower	Tube Size:	O.D.
	<input type="checkbox"/>	Auger	<input type="checkbox"/> Conveyor	<input type="checkbox"/> Other
Distance material must be conveyed:		Vertical	Horizontal	Elbows

Accessory Equipment

What are your expectations:

Competition:	Model Quoted:
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Notes:

Ship To Address: