

Designed to Perform.
Built to Last.



INFORMATION REQUEST SHEET |

PLASTIC INJECTION, COMPRESSION, VACUUM FORMING, RIM APPLICATIONS

DATE: _____ **CONTACT:** _____
COMPANY NAME: _____ **PHONE #:** _____
ADDRESS: _____ **FAX #:** _____
_____ **E-MAIL:** _____

END USER LOCATION: City/ST _____ Country _____ Elevation _____

Equipment Ambient Conditions: _____

Type of Molding Machine: _____ Size (Tons): _____

Dimensions of Mold (L x W x H): _____ (inches)

Mold Weight: _____ Mold Material: _____

Process (Control) Temperature Required: _____ Preheat Time Required: _____

Insulation (if any): _____

Hydraulic Cooling Required? Yes _____ No _____ If yes, how much _____?

Temperature Control Medium (Water, Oil, Water/Glycol Mix): _____

Number of Zones Heating/Cooling: _____

Coring or Cooling/Heating Lines:	ZONE 1	ZONE 2	ZONE 3	ZONE 4
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Inlet: Quantity of Lines	_____	_____	_____	_____
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Sizes of Lines	_____	_____	_____	_____
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Outlet: Quantity of Lines	_____	_____	_____	_____
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Sizes of Lines	_____	_____	_____	_____
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Material Molded: _____ End Product: _____

Shot Weight: _____ Shot Cycle Time: _____

Power: _____ Volts, _____ Phase, _____ Hertz

Control Requirements: Standard Microprocessor _____ Other (Brand) _____

Control Capabilities: Remote Set Point/Retransmission Type _____ RS-485 _____

Programmable _____ Other _____

Submit Form

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