

Designed to Perform.
Built to Last.



INFORMATION REQUEST SHEET | EXTRUSION APPLICATION

DATE: _____ **CONTACT:** _____
COMPANY NAME: _____ **PHONE #:** _____

ADDRESS: _____ **FAX #:** _____
_____ **E-MAIL:** _____

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

Equipment Ambient Conditions: _____

Part of Extruder Being Controlled:

(Check accordingly and fill in corresponding information)

SCREW: _____ BARREL (Jacket): _____ DIE: _____

Material: _____ Material: _____ Material: _____

Diameter: _____ Diameter: _____ Weight: _____

Length: _____ Length: _____ or

Dimensions: _____

Extruder Horsepower: _____ HP

How Many Zones of Control: _____

Connection Sizes: _____ How Many Inlets: _____ How Many Outlets: _____

Process Heating/Cooling Medium Desired (water, oil, water/glycol): _____

Is Preheat Required?: _____ Preheat Temperature: _____ Time: _____

Process (Control) Temperature Desired: _____ Maximum Temperature Desired: _____

Material Being Extruded: _____ Specific Heat(C_p) of Material(BTU/#/°F): _____

Throughput of Extruder: _____ Material Throughput Temp.: _____

Other Means of Heating or Cooling being used: _____

Power: _____ Volts, _____ Phase, _____ Hertz

Control Requirements: Standard Microprocessor _____ Other (Brand) _____

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

Programmable _____ Other _____

Prior Equipment/Comments: _____

Submit Form

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