



# Request for Quotation

## Batch Oven

[www.TotalFinishingSolutions.com](http://www.TotalFinishingSolutions.com) ~ 844.898.1082

**Date Submitted:**

**Date Required**

**Planned Purchase Timeframe**

## Sales Rep Contact Information

Salesperson First and Last Name:

Phone:

Email Address:

## End User Information

Company name:

Contact Name:

Street address:

City:

State:

Zip Code:

Phone:

Email Address:

Product Coated:

Primary Paint Supplier:

Primary Paint Supplier Contact Name:

Primary Paint Supplier Contact Phone:

**Burner Box Location:****Dry-Off Section (If Applicable)**

- |   |   |
|---|---|
| <input type="checkbox"/> Rear floor mounted | <input type="checkbox"/> Floor mounted underneath |
| <input type="checkbox"/> Side floor mounted | <input type="checkbox"/> Platform mounted         |
| <input type="checkbox"/> Top mounted        |   |
| <input type="checkbox"/> Other _____        |   |

**Curing-Off Section**

- |   |   |
|---|---|
| <input type="checkbox"/> Rear floor mounted | <input type="checkbox"/> Floor mounted underneath |
| <input type="checkbox"/> Side floor mounted | <input type="checkbox"/> Platform mounted         |
| <input type="checkbox"/> Top mounted        |   |
| <input type="checkbox"/> Other _____        |   |

**Supply Duct Location:****DRY-OFF SECTION**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Floor mounted             | <input type="checkbox"/> Wall mounted | <input type="checkbox"/> Ceiling mounted |
| <input type="checkbox"/> Combination _____ & _____ |                                       |  |
| <input type="checkbox"/> Other (Custom) _____      |                                       |  |

**CURING SECTION**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Floor mounted             | <input type="checkbox"/> Wall mounted | <input type="checkbox"/> Ceiling mounted |
| <input type="checkbox"/> Combination _____ & _____ |                                       |  |
| <input type="checkbox"/> Other (Custom) _____      |                                       |  |

**Oven Wall & Ceiling with Standard 4# Density Insulated Construction:**

- |   |   |
|---|---|
| <input type="checkbox"/> 2" Insulated Panels (250°) | <input type="checkbox"/> 4" Insulated Panels (425°) |
| <input type="checkbox"/> 6" Insulated Panels (600°) | <input type="checkbox"/> _____" Insulated Panels    |

**Optional Insulation Density:**

- |  |  |
|--|--|
| <input type="checkbox"/> 6# Density Mineral Wool | <input type="checkbox"/> 8# Density Mineral Wool |
|--|--|

**Oven Floor Construction:**

- |   |   |
|---|---|
| <input type="checkbox"/> 2" Insulated floor | <input type="checkbox"/> 4" Insulated floor |
| <input type="checkbox"/> 6" Insulated floor | <input type="checkbox"/> NO FLOOR COVERING  |

**Type of Conveyor through Oven:**

- |  |
|--|
| <input type="checkbox"/> Overhead TYPE _____ (Enclosed Track," I Beam, Etc.) |
| Size _____ (3", 4", 10", Etc.)   |
| <input type="checkbox"/> Floor track system TYPE _____ (Raised or In-floor)  |

**Describe:** \_\_\_\_\_

\_\_\_\_\_

**Oven Configuration:**

Oven dimensions if known: \_\_\_\_\_ feet wide x \_\_\_\_\_ feet high x \_\_\_\_\_ feet long

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Floor mounted   | <input type="checkbox"/> Raised Oven |
| If Raised – Is CSB to support oven? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |
| If Yes – Height to bottom of oven _____  |                                      |

## DRY-OFF SECTION

- ☐ Double Pass  
☐ Multiple Pass \_\_\_\_\_ Qty.

## CURING SECTION

- ☐ Double Pass  
☐ Multiple Pass \_\_\_\_\_ Qty.

## Specifications:

### Part Information & Oven Load Requirements:

Conveyor Line Speed \_\_\_\_\_ FPM

Average Part Weight \_\_\_\_\_ Lbs

Type of Part Material (Iron, Aluminum, Wood, etc.) \_\_\_\_\_

Time in the heated zone of the oven \_\_\_\_\_ minutes

Part Dimensions: \_\_\_\_\_ inches wide x \_\_\_\_\_ inches high x \_\_\_\_\_ long (in direction of travel)

Part Centers as hung on the conveyor: \_\_\_\_\_ inches

Number of Points average part is hung from: \_\_\_\_\_

Solvent \_\_\_\_\_ GPH    Water \_\_\_\_\_ GPH    Powder \_\_\_\_\_ Lbs/ Hour

Oven Load \_\_\_\_\_

### Product Window Information:

Product openings: \_\_\_\_\_ inches wide x \_\_\_\_\_ inches high. (STANDARD 6" Clear all dimensions)

Keyhole slot: \_\_\_\_\_ inches wide x \_\_\_\_\_ inches high.

**Top** of Conveyor to floor \_\_\_\_\_ inches

### Air Seals: (Check all that apply)

Type:	Exhausting		Re-Circulating		Elevated Oven ONLY Gravity Seal
Dry-Off Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Dry-Off Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Cure Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Cure Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>

## Standard Optional Equipment:

### Control Type:

- ☐ Touch Screen/PLC with burner box mounted master & remote mounted operator screen.

**STANDARD**

☐ Other \_\_\_\_\_

**Addition of Dedicated Purge Fan**

☐ Yes ☐ No

**START-UP SERVICES**

☐ Yes ☐ No

**Standard Exhaust Stack Package** (Includes – (1) SQ.-Round, (6) Plain Pipe, (1) Roof Flange, (2) Storm Collar, (1) China Cap)

☐ Yes ☐ No  
☐ Other (Please accurately list stack required)

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**Other Pertinent Information:**

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Sketch on separate sheet if possible: