

Customer Specified Mold Data

Designer _____

SO# _____

Date _____

Telephone No. (814) 756-5580

Email; danjep@jepsonmolddesign.com

Company _____

Contact _____

Telephone No. _____

ext. _____

Email _____

Material Type _____

Material Grade _____

Material Supplier _____

Telephone No. _____

Part No. _____

Part Name _____

Dwg No. _____ Rev. _____

Mold No. _____

Press Size _____

Press Type _____

Thermolator _____

Robotic Picker _____

Part Conveyor _____

Material Shrinkage _____

Vent Depth _____

Gate type _____

Gate Size _____

Nozzle Radius _____

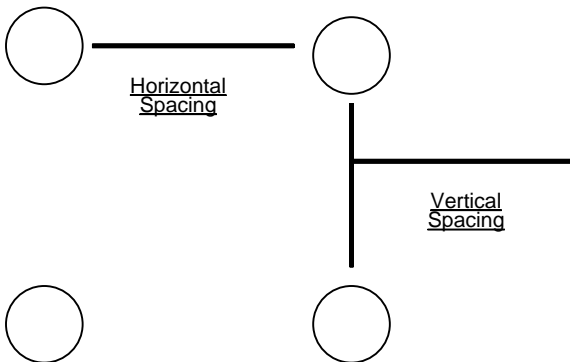
Estimated Mold Temperature _____

Estimated Injection Pressure _____

Mold Flow Data Available Yes ___ No ___

Cavity ID Format & Sequence _____

Tie Bar Spacing



Max. / Min. Mold Height _____

If cavity ID location is
not on the part print
please sketch where
it will be located

Customer Signature _____