

Customer Name: _____ Requested By: _____
 Address: _____ Date: _____
 City/State/Zip: _____
 Contact: _____

Part Description: _____ Part No.: _____ Rev: _____
 Material ID#: _____ Material: _____ Max. Regrind: _____
 Concentrate ID#: _____ Color: _____ Letdown: _____
 Specific Gravity: _____ Part Weight (ea): _____ in³ _____ grams
 Runner Weight: _____ grams _____ lbs. _____ ozs.

Quote Quantities: 1.) _____ 2.) _____ 3.) _____
 4.) _____ 5.) _____ 6.) _____
 Quote per: _____ part for _____ one deliveries Tons / Sq.In.: _____ 2.50
 Nominal Wall: _____ Overall Length: _____ Overall Width: _____

Drawings available? No _____ Yes _____ (Format): _____
 CAD Solid Models? No _____ Yes _____ (Format): _____
 Prototypes available? No _____ Yes _____ Target Part Price: _____
 Actual parts available? No _____ Yes _____ Tooling Budget: _____

Cavities Requested:	_____	_____	_____	_____
_____ Required:	_____	_____	_____	_____
# of operators:	_____	_____	_____	_____
Cycle Time Suggested:	_____	_____	_____	_____
Material Scrap Rate:	_____	_____	_____	_____
Special setup needed?:	_____	_____	_____	_____

Mold available: _____ No _____ Yes _____
 Frame size: _____
 Automatic: _____ Semi-auto _____
 Runner Type: _____
 Gate Type: _____

Secondary Operations? No _____ Yes _____ # of insert sizes: _____
 Estimated Minutes / part: _____ Total # of inserts: _____
 # of holes to Drill / Tap: _____ Insert cost each: _____

Additional notes (special packaging, shipping requirements...): _____