



Date: \_\_\_\_\_

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### CUSTOMER INFORMATION

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

*How do you prefer to receive the quote? (check preferred method)*   
  Phone   
  Fax   
  Email

### BASIC MACHINE OUTPUT

*Specify the basic output capabilities in total chemical output (lb/min) or with parts production information.*

**Total Chemical Output:** \_\_\_\_\_ Lb/min    **Part Size:** \_\_\_\_\_ Lbs  
**Isocyanate/Polyol Ratio:** \_\_\_\_\_ : \_\_\_\_\_    **Shot Time:** \_\_\_\_\_ Seconds

### PRODUCTION INFORMATION

**Type of Part:** \_\_\_\_\_ **Parts per hour:** \_\_\_\_\_

**Type of Mold:**  Open     Closed   
 **or**    **Type of Panel:**  Continuous     Discontinuous

*Provide the type/model of current metering machine and mix head if you are replacing an existing line.*

**Current Machine:** \_\_\_\_\_ **Current Mix Head:** \_\_\_\_\_

**Special production requirements:** \_\_\_\_\_

### CHEMICAL INFORMATION

**Chemical System:** \_\_\_\_\_  
*Example: Rigid (insulating foam), Flexible (Seating), Integral Skin (steering wheels)*

**Chemical Supplier:** \_\_\_\_\_ **Blowing Agent:** \_\_\_\_\_

**Iso Viscosity:** \_\_\_\_\_ **Specific Gravity:** \_\_\_\_\_   
 **Poly Viscosity:** \_\_\_\_\_ **Specific Gravity:** \_\_\_\_\_

**Operating Temperature:** \_\_\_\_\_ °F    **or**    \_\_\_\_\_ °C

### POWER REQUIREMENTS

**Voltage:** \_\_\_\_\_ **Hertz:** \_\_\_\_\_



### SPECIAL REQUIREMENTS

Describe any special requirements:

### MACHINE OPTIONS

Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Mix head boom                         | <input type="checkbox"/> Closed loop flow control |
| <input type="checkbox"/> Multiple mix heads                    | <input type="checkbox"/> Third components – color |
| <input type="checkbox"/> Magnetic couplings for metering pumps | <input type="checkbox"/> Air dryer                |
| <input type="checkbox"/> Day tank level control                | <input type="checkbox"/> Low-pressure feed pumps  |
| <input type="checkbox"/> Day tank agitators                    | <input type="checkbox"/> Chiller                  |

**Mail or fax** the completed form to:

Polyurethane Process Industries, LLC  
ATTN: Mark Clark  
410 Unity St., Suite 820  
Latrobe, PA 15650  
FAX: (724) 539-4505

OR

**Email** the required information to: [mclark@pu-process.com](mailto:mclark@pu-process.com).

If you have any questions, call (724) 539-4505 or send an email to [mclark@pu-process.com](mailto:mclark@pu-process.com).