

REQUEST FOR QUOTATION

Please use this form to convey your equipment needs, and explain your application and site requirements. Fully completing the form is a critical step in the proposal process. Fully-completed forms expedite the quote process, eliminating delays caused by the need for additional information and clarification. Email completed form to **info@clemcoindustries.com** or fax to **800-726-7559**.

FOR CLEMCO INDUSTRIES USE ONLY OPP# _____ ESTIMATE# _____ SP# _____

What action is required?

- Sample Processing Only — No pricing is needed at this time (Before sending parts, consult your Territory Manager).
- Budget Estimate—Before requesting a firm proposal, we strongly encourage sample processing be performed.
- Firm Proposal GA Drawing—GA drawing to be provided, when requested, at firm proposal stage only.

Person completing this document (Name): _____

Company Name: _____ Date: _____

Has the customer approved the content of this document? Yes No

| DISTRIBUTOR | CUSTOMER |
|-----------------------|-----------------------|
| Company Name: _____ | Company Name: _____ |
| Dist. Contact: _____ | Contact/Title: _____ |
| Address: _____ | Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Email: _____ | Email: _____ |
| Office Phone: _____ | Office Phone: _____ |
| Mobile: _____ | Mobile: _____ |

What is customer's primary industry? (i.e. aerospace, automotive, oil and gas, etc.): _____

Why is this capital investment being considered?

Replacement of existing cabinet Describe existing cabinet: _____

If replacing existing ZERO[®] cabinet, provide JO/PRJ reference number: _____

New process/product line

What is the stage of your cabinet planning?

Budgetary Approved

Indicate budgetary constraints: _____

What is the application?

Surface preparation for coating or bonding Scale removal Deburring Finishing Peening

Roughness Average (Ra) Finish (specify): _____ Other: _____

If hazardous coating or material will be removed, specify hazard: _____

What parts will be processed in this cabinet?

Part Name(s): _____

Substrate Material: _____

If varied, identify typical materials: _____

Name each item(s) and describe. Provide details/drawings for all sizes/configurations. (Attach separate document)

Number of different parts to be processed in this machine: _____

LENGTH

| Minimum | Maximum |
|---------|---------|
| | |

HEIGHT

| Minimum | Maximum |
|---------|---------|
| | |

WEIGHT

| Minimum | Maximum |
|---------|---------|
| | |

| For pipes or tubes | INSIDE DIAMETER | |
|-----------------------------|------------------|---------|
| | Minimum | Maximum |
| | | |
| | OUTSIDE DIAMETER | |
| Minimum | Maximum | |
| | | |

WIDTH

| Minimum | Maximum |
|---------|---------|
| | |

DIAMETER

| Minimum | Maximum |
|---------|---------|
| | |

OTHER

| Minimum | Maximum |
|---------|---------|
| | |

◆ BLAST MEDIA

Recommended by Distributor To be determined through Sample Processing

What abrasive/media will be used in this blast cabinet?

Steel Grit Steel Shot Aluminum Oxide Glass Bead
 Plastic Media Ceramic Media Starch Media Soda/BiCarb
 Other, please specify: _____

For the above, please specify grit/mesh size: _____

◆ COVERAGE

Partial Masking Required 100% Pipe Interior Pipe Exterior

Describe partial coverage and masking requirements: _____

◆ QUANTITY OF PARTS

Indicate number of parts in a typical batch run: _____

◆ PRODUCTION RATE OBJECTIVE

Number of parts: _____ Per: Hour Day Week Month

Number of shifts per day: One Two Three Other, specify: _____

◆ **CURRENT PROCESSING METHOD**

Describe: _____

Current parts per hour rate: _____

◆ **DESCRIBE PROCESS INTERFACE**

Prior to this process: _____

Subsequent to this process: _____

◆ **BLAST SYSTEM TYPE**

- Suction Pressure Rotary Head (Suction Only)
 Recommended by Distributor To be determined through Sample Processing

◆ **MATERIAL HANDLING IN CABINET**

- | | | |
|--|---|---|
| <input type="checkbox"/> Indexing Turntable | <input type="checkbox"/> Continuous Turntable | <input type="checkbox"/> Split Belt Conveyor |
| <input type="checkbox"/> Straight Line Belt Conveyor | <input type="checkbox"/> Magnetic Belt Conveyor | <input type="checkbox"/> Magnetic Over/Under Conveyor |
| <input type="checkbox"/> Skew Conveyor | <input type="checkbox"/> Robotic Blast | <input type="checkbox"/> Robotic Load/Unload |
| <input type="checkbox"/> Modified Standard | | |

Description of Modified Standard: _____

◆ **CUSTOM PAINT COLOR**

Yes No If yes, advise paint specs: _____

◆ **COMPRESSED AIR SUPPLY**

Available cfm: _____ Limited to: _____ cfm at _____ psi

◆ **SPACE LIMITATIONS FOR EQUIPMENT**

Length: _____ Width: _____ Height: _____

◆ **DUST COLLECTION**

- HEPA Rotary Air Lock
 Explosion Venting (*available only when dust collector can be located outdoors*)

◆ **ELECTRIC SUPPLY AVAILABLE**

Electrical Requirements: NEMA 12 (std) UL CUL Other _____
 230V, 3PH, 60HZ 460V, 3PH, 60HZ Other: _____ V _____ PH _____ HZ

Hazardous Location? Yes No If yes, class: _____ division: _____ group: _____

◆ **NOISE LEVEL REQUIREMENTS**

Yes No If yes, specify noise level in decibels: _____

◆ **FIXTURING**

Yes No If yes, provide actual parts and/or part drawings for every part size/configuration

Visit to our facility in Washington, MO for Sample Processing?

Yes No If yes, time frame or specific date: _____

If for any reason, parts are NOT processed, advise disposition. Dispose of parts Return parts

Unless otherwise specified below, processed parts will be shipped to the Distributor.

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Co. Phone: _____ Mobile: _____ Email: _____

Special Instructions/Requirements (*Attach separate sheet if necessary*):

FOR CLEMCO INDUSTRIES USE ONLY OPP# _____ ESTIMATE# _____ SP# _____