

Request For Automation

- Action Requested:
- Sample Processing
 - Budget Estimate
 - Quotation



Distributor (If Applicable)	
Address	
City/State/Zip	
Contact	
Phone	Fax

Date Submitted	Response Date:
Customer Name	
Business/Industry	Business Classification (SIC Code)
Address	
City/State/Zip	
Contact/Title	
Phone	Fax
Clemco Sales Contact	

- 1. Material to be Processed**

<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic
<input type="checkbox"/> Stainless	<input type="checkbox"/> Zinc
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper
<input type="checkbox"/> Brass	<input type="checkbox"/> Other _____

- 2. Reason For Processing**

<input type="checkbox"/> Peening	<input type="checkbox"/> Descaling
<input type="checkbox"/> Cleaning	<input type="checkbox"/> RMS Finish
<input type="checkbox"/> Deburring	<input type="checkbox"/> Bonding
<input type="checkbox"/> Paint Stripping	<input type="checkbox"/> Appearance
<input type="checkbox"/> Other _____	

- 3. Specific Parts to be Processed** (Name Item)

LENGTH		DIAMETER	
MAXIMUM	MINIMUM	MAXIMUM	MINIMUM
WIDTH		WEIGHT	
MAXIMUM	MINIMUM	MAXIMUM	MINIMUM
HEIGHT		OTHER	
MAXIMUM	MINIMUM	MAXIMUM	MINIMUM

- 4. Current Processing Method**

Current Parts Per Hour Rate: _____

- 5. Media** Recommended by Distributor To be determined by ZERO/AEROLYTE

Size		Size
<input type="checkbox"/> Glass Beads	<input type="text"/>	<input type="checkbox"/> Steel Shot
<input type="checkbox"/> ALOX	<input type="text"/>	<input type="checkbox"/> Steel Grit
<input type="checkbox"/> Crushed Glass	<input type="text"/>	<input type="checkbox"/> Plastic
<input type="checkbox"/> Walnut Hulls	<input type="text"/>	<input type="text"/>

- 6. Preferred Equipment Type**

Recommended by Distributor To be determined by ZERO/AEROLYTE

<input type="checkbox"/> Pressure	<input type="checkbox"/> Suction
<input type="checkbox"/> Indexing Turntable	<input type="checkbox"/> Continuous Turntable
<input type="checkbox"/> Straight Belt Conveyor	<input type="checkbox"/> Split Belt Conveyor
<input type="checkbox"/> Magnetic Belt Conveyor	<input type="checkbox"/> Magnetic O/U Conveyor
<input type="checkbox"/> Modified Standard	<input type="checkbox"/> Wetblast

Description of Modified Standard _____

- 7. Compressed Air**

Available: Limited To:

_____ c.f.m. at _____ p.s.i.

- 8. Coverage** Partial Masking Required 100%

Describe partial coverage and masking requirements.

- 9. Production Rate Requested**

Parts Per:

Hour Day Week Month

Number of Shifts Per Day:

One Two Three

