

REQUEST FOR QUOTE/TECHNICAL SERVICE

Customer:	Quote #:	Date:
Address:	Compound #:	
City/State:	Customer formula: YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES attach copy)	
Phone:	Customer no.:	
Contact:	Required Completion Date:	

COMPETITIVE INFORMATION Check if None Available <input type="checkbox"/>				ACTION		
Supplier(s)	Material	\$/#	Sp. Gr.	Quote:	COA:	Sample/Order
				Information:		Size/Qty:
CUSTOMER REQUIREMENTS (Completed by ORIGINATOR)						
Hardness:		Color:		Specification:		
Polymer type: (circle) Silicone/ Fluorosilicone/ Viton®(FKM)						
Customer process: (circle) Molding-Injection Compression Extrusion Calendar				ADDITIONAL REQUIREMENTS/SPECIFICATIONS Check if None <input type="checkbox"/>		
Other (Specify): Application:				SPG	Tear Die B	
				Color Match		
				Tensile	Elongation	
Post Cure? YES <input type="checkbox"/> NO <input type="checkbox"/>		Time:	Temp.:	Comp Set	Heat Aged	
Product Form:				Fuel Aging	100% Mod	
SPECIAL PACKAGING: Check if None <input type="checkbox"/>				200% Mod	300% Mod	
				Originator:		

ADDITIONAL INFORMATION (Attach another sheet if necessary)

QUOTE INFORMATION (Completed by TECHNICAL)						
MACHINE	BATCH WEIGHT	CYCLE TIME (min)	TESTING			
A (Banbury)			Additional Time:		<input type="checkbox"/> In house Lab	<input type="checkbox"/> Outside Lab
B (Mill)			PRICING			
C (Extruder)			Testing		Material	
D (Calendar)			Mixing		Margin	
Quoted Price/Breakdown:						
EXCEPTIONS TO REQUEST (Completed by Technical) Check if None <input type="checkbox"/>						
Approved by:					Date:	



345 N. Quentin Rd.
Palatine, IL 60067

Order Form

Customer Name: _____ P.O. Number: _____ Verbal: _____

Contact: _____ Order Date: _____ Ship Date: _____

Shipping Instructions:	
Will Call: _____	Collect: CFO _____
PPC Truck: _____	Prepay & bill: PPB _____
UPS Ground: _____	Prepay: PPY _____
Next Day: _____	
2nd Day: _____	
Other: _____	Phone: _____

Release Dates:

1 _____

2 _____

3 _____

Form: slab,bulk,strip,
calender,extrusion

Testing requirements:	
Test Report/Rheometer: _____	
Certification: _____	
Full test report to Specification No.: _____	
Send Slabs & Buttons : _____	

Order taken By: _____

	Customer P/N	PPc P/N	Lbs	Yds	Form	Size	Price	Color	Notes
1									
2									
3									
4									
5									
6									

Special Notes:

1	
2	
3	
4	
5	
6	