



DME / Milacron
29111 Stephenson Highway
Madison Heights, MI. 48071-2383

Applications Engineering
QUOTE REQUEST FORM

Email to:
DMEUS_AE_Quote@milacron.com



Tech Service Approval, Final Drawings and In-House Due Date Required for Firm Quote - QUOTE TYPE Preliminary Firm

Customer's In-House Date Requirement

Date			Sales Rep	
Company			Contact	
Address			Phone	
Address			Fax	
City			E-Mail	
State	Zip	Acct#	End User	

Molding Material		Melt Temp	deg.
Manufacturer		Range	(min) (max)
Filler	<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Other	Percent	%

Flame Retardant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Melt Flow Index	
Color Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold Temp	deg.

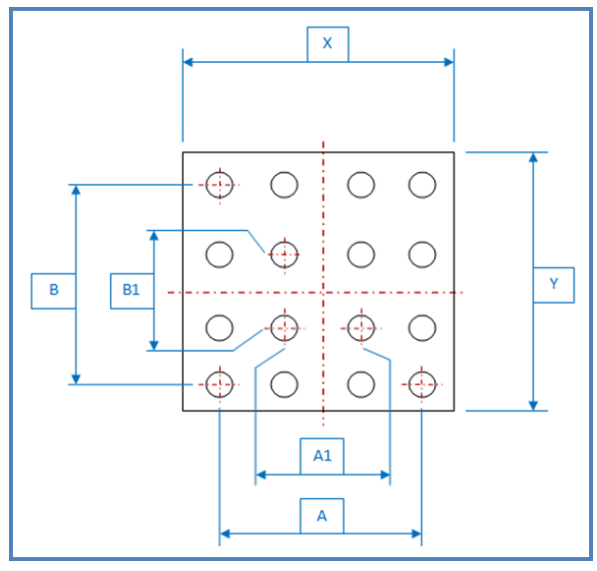
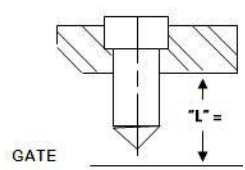
New Mold	<input type="checkbox"/> Retrofit	DME Mold Base to be Quoted	
Mold Base Size		Mold Base Drawings Supplied	

Gating Into	<input type="checkbox"/> Part <input type="checkbox"/> Dimple <input type="checkbox"/> Runner
Gate Style	<input type="checkbox"/> Sprue <input type="checkbox"/> Ext Sprue <input type="checkbox"/> Tip / Point <input type="checkbox"/> WR <input type="checkbox"/> Other
Number of Drops	Number of Cavities

Part Name		Part Number		Job #	
Part Drawing Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wall Thickness of Part		CAD Data Supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Part Weight	<input type="checkbox"/> Grams <input type="checkbox"/> Ounces	Total Shot Weight	<input type="checkbox"/> Grams <input type="checkbox"/> Ounces		
Runner Weight	<input type="checkbox"/> Grams <input type="checkbox"/> Ounces				

Type of Quote Requested M&C (system) Hot Half - Plate Steel #2 (standard) 420SS

Drop Spacing	A= A1=
Drop Spacing	B= B1=
Plate Width	X=
Plate Length	Y=
Molding Elevation	L=
# of Columns	
# of Rows	



NOTES:

Completed By: _____ Date: _____

Date	Sales Rep
Company	Contact
Address	Phone
Address	Fax
City	E-Mail
State	End User

Options Required		
<input type="checkbox"/> Leader Pins in Nozzle Plate	<input type="checkbox"/> Recessed Connectors	<input type="checkbox"/> Special Terminal Box
<input type="checkbox"/> Mounting Bolts from Parting Line	<input type="checkbox"/> Flush Mounted Connectors	Describe:
<input type="checkbox"/> Mounting Bolts from Back Side	<input type="checkbox"/> Manifold Extension Nozzle - <input type="checkbox"/> None	<input type="checkbox"/> Special Connectors
<input type="checkbox"/> Cavity Mounting Screws	<input type="checkbox"/> Mold Flow Analysis	Describe:

SYSTEM TYPE (required)	QUOTE STYLE (required)
<input type="checkbox"/> Stellar (Z-Dim) Max 135mm [5.314 in.] / Min 27mm [1.063 in.]	<input type="checkbox"/> Hot-Half - Plate Material <input type="checkbox"/> #2 <input type="checkbox"/> #7 (Stainless Steel) <input type="checkbox"/> Other <input type="checkbox"/> Manifold & Components <input type="checkbox"/> Manifold Only
<input type="checkbox"/> HOT ONE Nozzle Series (Standard) <input type="checkbox"/> 250 <input type="checkbox"/> 375 <input type="checkbox"/> 625 Nozzle Series (High Performance) <input type="checkbox"/> 250 <input type="checkbox"/> 375 <input type="checkbox"/> 625 Nozzle Heaters <input type="checkbox"/> Front-load (default) <input type="checkbox"/> Rear-load	<input type="checkbox"/> Hot Half Plate Material <input type="checkbox"/> #2 <input type="checkbox"/> #7 (Stainless Steel) <input type="checkbox"/> Other <input type="checkbox"/> Manifold & Components <input type="checkbox"/> Manifold Only Manifold Material -

Notes:

Sketch

Select components verified to fit by Sales Tech Rep Applications Engineer

Completed by:	Date
Tech Service Approval	Date