

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 CSA/CUL C 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# _____