

CUSTOMER ENQUIRY FORM

Date: _____

1. Customer:		Enquiry No:
Address:		
Tel No:	Fax No:	
Contact Person:	Handphone:	

Mould Basic Information

Plastic Part Name:	Plastic Part No:	Mould No:

Product Description:

No of Cavity: _____ Product Weight: _____

2. Plastic Material

Plastic Type _____	Colour _____	Recommend Inj. Pressure _____ kg/cm ²
Shrinkage _____	Supplier _____	Customer Inj. Machine _____ Ton

3. Mould Structure	Hot Runner	Standard	3 Plate	Side Action	Other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Mould Base	Steel	Hardness	Treatment
	_____	HRc _____	_____

5. Inserts	Steel	Hardness	Treatment
	_____	HRc _____	_____

6. Gate	Hot Runner	Pinpoint	Submarine	Edge	Tunnel	Others: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. Product Reference Information	Original Drawing	CAD File	Product Sample	Prototype	Other: _____	Unit	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		mm	Inch
						<input type="checkbox"/>	<input type="checkbox"/>

8. Product life Span _____	9. Plastic Quantity Required _____
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10. Trial Date _____	11. Delivery Address: _____
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**Remark: (if any)