



# MoldFlow Quotation Request Form

Please fill out the following form and email to Erik Foltz at [erik@madisongroup.com](mailto:erik@madisongroup.com), or fax to 608-231-2694

## Customer Information:

\* denotes required field

\*Company: \_\_\_\_\_ \*Date of Request: \_\_\_\_\_  
 Address: \_\_\_\_\_ Quotation Expected by: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*Contact: \_\_\_\_\_  
 \*Phone\*: \_\_\_\_\_ Ext: \_\_\_\_\_  
 \*E-mail\*: \_\_\_\_\_

## Part Geometry:

Description: \_\_\_\_\_  
**Please send electronic files to Erik Foltz at [erik@madisongroup.com](mailto:erik@madisongroup.com) in one of the following formats: IGES, STEP, Parasolid**

## Process:

\_\_\_ Conventional      \_\_\_ Co-Injection      \_\_\_ 2-shot  
 \_\_\_ Gas Assist      \_\_\_ Reactive Molding      \_\_\_ Other: \_\_\_\_\_

## Project Scope:

\_\_\_ Fill      \_\_\_ Pack      \_\_\_ Cool  
 \_\_\_ Warp

## Mold Details:

Mold Status	Mold Type	Gate Type		Runner
___ Existing Mold	___ 2-Plate	___ Cashew	___ Diaphragm	___ Cold
___ New Mold	___ 3-Plate	___ Edge	___ Fan	___ Hot Manifold
___ No. of Cavities	___ Family	___ Hot Drop	___ Sprue	___ No. Of Drops
	___ Stack	___ Sub	___ Valve	___ Sequential Valve Gating

## Material Data:

Supplier/Grade \_\_\_\_\_ Type \_\_\_\_\_  
 Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_

## Analysis Objectives:

## Process Parameters:

\_\_\_\_\_ Max Tonnage      \_\_\_\_\_ Melt Temp      \_\_\_\_\_ Estimated Cycle Time  
 \_\_\_\_\_ Max Injection Pressure      \_\_\_\_\_ Mold Temp      \_\_\_\_\_ Fill Time  
 \_\_\_\_\_ Pack Pressure      \_\_\_\_\_ Pack Time  
 \_\_\_\_\_ Hold Pressure      \_\_\_\_\_ Cool Time  
 \_\_\_\_\_ Mold Open Time

## For Internal Use Only

TMG # \_\_\_\_\_ Quotation # \_\_\_\_\_