



MoldFlow Quotation Request Form

Please fill out the following form and email to Erik Foltz at 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 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 # _____