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: _____ Submit Reset

*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 #