



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 # _____