Hermetic Sealing Evaluation Request



Date:

CUSTOMER INFORMATION		Opportunity Name:
Contact Name		End Product Made
Title		Dist./Rep
Company		Regional Manager
Full Address		Return samples to: Rep: Cust: RM:
Phone		Confidentiality Yes: No:
Mobile		Agreement Required? On Rec: N/A:
Email		
PROJECT INI	FORMATION	
New application? Yes No No		Is the project budgeted? Yes No
Existing equipment (describe):		Budget per system: \$
Zinering equipment (describe)		How soon is the equipment required?
		3 or more months
New equipment required? Yes No		1-3 months
Proposed new equipment:		Urgent- 1 month or less
Production rate: parts/hr		
No. of units required?		
Automation Bench		
BENCHMARK EQUIPMENT		
Seam Sealers (Current Models)		
_	HF25	Seam Sealer (Older Models): Power Supply? SM-8000 P500 AC Phase 3 HF2 System 2000 HF25 AutoFlow OTHER If other, what welder?

Return attn: Applications Lab 1820 S. Myrtle Ave. • Monrovia, CA 91016 • Tel: (626) 303-5676 • Fax: (626) 358-8048 www.amadaweldtech.com

