

Reflow Soldering Evaluation Request Form



AMADA WELD TECH

Date:

CUSTOMER INFORMATION

Contact Name	
Title	
Company	
Address	
Phone	
Mobile	
Email	

Opportunity Name:

End product made			
Dist./Rep Co.			
Regional Manager			
Return samples to:	Rep: <input type="checkbox"/>	Cust: <input type="checkbox"/>	RM: <input type="checkbox"/>
Confidentiality Agreement Required?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
	On Rec: <input type="checkbox"/>	N/A: <input type="checkbox"/>	

PROJECT INFORMATION

New application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing equipment (describe):		
New equipment required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed new equipment:		
Production rate:	parts/hr	
No. of units required?		
<input type="checkbox"/> Automation	<input type="checkbox"/> Bench	
Actuation Preference:	<input type="checkbox"/> Air	<input type="checkbox"/> Foot
Lead Free (RoHS) Requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the project budgeted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Budget per system: \$		
How soon is the equipment required?		
<input type="checkbox"/> Low- 3 or more months, sample turnaround 15 days		
<input type="checkbox"/> Medium- 1-3 months, sample turnaround 10 days		
<input type="checkbox"/> Urgent- 1 month or less, sample turnaround 5 days		
Available Facility Power:		
Voltage:	Phases: 1 <input type="checkbox"/> 3 <input type="checkbox"/>	
Industry:		

APPLICATION INFORMATION (Please include drawings of parts and assemblies)

Parts:	Part 1:	Part 2:	Part 3:
Material:			
Size:			
Shape:			
Plating:			
Insulation:			

SOLUTION CRITERIA

Mechanical Strength, Visual Appearance, Etc.	Assembly/Sketch Notes (attach further details):