

Tri-Par Die & Mold Corporation – Molding Request for Quote Form

To ensure accuracy of quote, please be as detailed as possible – Use second sheet if necessary

Date: _____ Company Name: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Contact Phone: _____ Contact E-Mail: _____

General Part Information

Part Number: _____ Part Description: _____

Part Weight: _____ Units: _____ Runner Weight: _____ Units: _____

Annual Usage: _____ Regrind Allowance Percentage (%): _____

Bill of Materials (BOM) – Resins, Additives, Packaging, Labels, Assembly Items

Item Number	Item Mfg Part Number	Item Description	Qty	Units	Units (Each, Part, Assembly, Etc)	Manufacturer
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____
<input type="checkbox"/>	_____	_____	_____	_____	Per _____	_____

Secondary Operations – Include all work required

Operation Sequence Number	Operation Description	Estimated time to complete	Units	Tooling Required / Supplied
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

Tooling Information

Mold Provided by: Customer Tri-Par Total Cavities: _____

Mold Dimensions: Length: _____ Width: _____ Stack Height: _____

Mold Description: Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Cold Runner | <input type="checkbox"/> New Mold | <input type="checkbox"/> Sub-Gate(s) |
| <input type="checkbox"/> Hot Runner | <input type="checkbox"/> Existing Mold | <input type="checkbox"/> Edge Gate(s) |
| <input type="checkbox"/> 3-Plate | <input type="checkbox"/> Mold Drawings Available | <input type="checkbox"/> Direct Sprue Gate |
| <input type="checkbox"/> Family Mold | <input type="checkbox"/> Hardened Mold | <input type="checkbox"/> Structural Foam |
| <input type="checkbox"/> Insert Changes | <input type="checkbox"/> Pre-Hard Mold | <input type="checkbox"/> Multi-Material |
| <input type="checkbox"/> Core Pulls | <input type="checkbox"/> Aluminum Mold | <input type="checkbox"/> Stack Mold |

Other Requirements

Check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> PPAP | <input type="checkbox"/> Functional Testing | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Production SPC | <input type="checkbox"/> Destructive Testing | <input type="checkbox"/> Special Shipping |
| <input type="checkbox"/> Other: Describe Below | | |

Please submit completed form along with part models, prints and/or samples to:

David Plocinski – General Manager
421 Stevens St
Geneva, IL 60134

Phone: 630.232.8800 x16
Fax: 630.232.8805
E-mail: dplocinski@tri-par.com

