

EOAT Paperless Request for Quote Form.

CCS DESIGN LLC

50202 Dennis Parkway, Wixom MI 48393

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INFO@CCSDESIGN.NET - WWW.CCSDESIGN.NET

This form is a step by step EOAT request form. Please fill out the form and click the email submit button for a Quote based on your RFQ.

CUSTOMER INFORMATION

COMPANY NAME:	<input type="text"/>		
COMPANY ADDRESS:	<input type="text"/>	STATE	<input type="text"/>
CONTACT NAME:	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE NUMBER:	<input type="text"/>	PROGRAM NAME:	<input type="text"/>
EMAIL:	<input type="text"/>	END USER STATE:	<input type="text"/>
EOAT DUE DATE:	<input type="text"/>	RFQ DATE:	<input type="text"/>

ROBOT INFORMATION

ROBOT STYLE	<input type="text"/>	<input type="checkbox"/> PNP SENSORS	<input type="checkbox"/> NPN SENSORS
ROBOT MANUFACTURE	<input type="text"/>	<input type="checkbox"/> ROBOT HAS QUICK CHANGER	
ROBOT MODEL	<input type="text"/>	Q1 QUICK CHANGE	<input type="text"/>
ROBOT PAYLOAD	<input type="text"/>	<input type="checkbox"/> ROBOT NEEDS QUICK CHANGER	
AIR LINES	<input type="text"/>	Q2 QUICK CHANGE	<input type="text"/>
VACUUM LINES	<input type="text"/>	<input type="checkbox"/> ROBOT HAS FREE AXIS	
		<input type="checkbox"/> ROBOT HAS STACKING ABILITY	

PART INFORMATION

PART NAME:	<input type="text"/>		
PROJECT NAME:	<input type="text"/>		
PROJECT NUMBER:	<input type="text"/>		
PART FINISH:	<input type="text"/>	PART DATA:	<input type="text"/>
RUNNERS GRIPPED :	<input type="text"/>	PART MAT'L:	<input type="text"/>
PART WEIGHT:	<input type="text"/>		

MOLD AND MACHINE INFORMATION

CAVITIES:

MOLD ID CODING TO EOAT

PARTING LINE:

DAYLIGHT:

REMOVAL SIDE:

DISTANCE BETWEEN TIEBARS:

MOLDING POSITION:

MOLD MAKER:

INJECTION MACHINE:

MOLD DATA AVAILABLE

MACHINE SIZE:

INSERTS OR OVER MOLDING

INSERT DIMENSIONS:

INSERT INFORMATION

INSERT SIDE/ REMOVAL SIDE

EOAT LOADING INTERFACE:

EOAT INFORMATION

BASE PLATE

QUICK CHANGE:

ELECTRICAL PACKAGE

PNEUMATIC PLUMBING COLOR STANDARDS "IF CHECKED PLEASE SUPPLY CUSTOMER SPECIFICATIONS"

EOAT DOCUMENTATION:

FINISHED PART HAND OFF:

PLEASE QUOTE FULL CELL PACKAGE.

SPECIAL EQUIPMENT REQUEST

HAND OFF EQUIPMENT: SAFETY EQUIPMENT:

LOADING EQUIPMENT:

SPECIAL INSTRUCTIONS:

MOLD TRIAL INFORMATION

TRIAL LOCATION:

TRIAL DATE:

AMOUNT OF TRIALS

ON-SITE SET-UP INFORMATION

DAYS OF ON-SITE REQUESTED

ONSITE DATE:

ONSITE LOCATION:

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THANK YOU FOR USING CCS DESIGN'S PAPERLESS REQUEST FOR QUOTE FORM