|  |  |
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|  | One Vulcan DriveHelena, AL 35080, USAPh: +1 (205) 663-0732sales@vulcangroup.com |

# Application Data: Truflo® Mold Handling

Please take a few minutes to fill out this sheet with information for your application. In order for us to select the best equipment for your needs, fill in as much information as possible and return to us for review.

Once completed including the appropriate images, please email the document back to us at [**sales@vulcangroup.com**](mailto:sales@vulcangroup.com). Please label the subject line as "YOUR COMPANY NAME - TRUFLO".

You're Done! A member of our sales team will get back to you.

## General Information

### *Timing*

|  |  |  |
| --- | --- | --- |
| **Today’s Date**: Enter a date. | **Proposal Required by Date**: Enter a date. | **Estimated Installation Date**: Enter a date. |

### *Company Info*

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** Click to enter text. | | **Company Division**: Click to enter text. | |
| **Company Address**: Enter Street Address. | | | |
| **City**: Click to enter text. | **State/Region**: Click to enter text. | | **Zip**: Click to enter text. |
| **Country**: Spell out full name of Country. | | **Company Main Phone**: Include country & area code | |

### *Contact Info*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**: First & Last Name | | **Title**: Click to enter text. | |
| **Email**: Click to enter text. | **Phone**: Include country & area code | | **Mobile**: Include country & area code |

### *Project Funding?*

**Budget Purposes**  **Capital Approved**

## Facility Information

### *Operation*

|  |  |
| --- | --- |
| **Operating hours per day**: How many hours? | **Operating days per year**: Days/Year |

### *Available Electricity*

|  |  |  |
| --- | --- | --- |
| Enter number **Volts** | Enter number **Cycles** | Enter number **Phase** |

### *Compressed Air Availability*

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | **PSI** **or** | **BAR** |

### *Available Space*

|  |  |  |
| --- | --- | --- |
| **Length**: Enter number  **in**  **mm** | **Width**:Enter number  **in**  **mm** | **Height**: Enter number  **in**  **mm** |

|  |  |
| --- | --- |
| **Number of Molds required for Pouring**: Enter number | **Brand of Controls Preferred**: Enter number |

### *Other Utility Comments*

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## Production Requirements

### *Flask and Casting Info*

|  |  |  |  |
| --- | --- | --- | --- |
| **Mold Size**: Click or tap here to enter text.  **in** **or  mm** | | | |
| **Desired Line Rate (if known)**: Enter number **molds/hour** | | **Est Cooling Time** (Max)Enter Number (Min)Enter Number | |
| **Casting Type**: | **Metal**: | | **Pour Weight**  **lb** **or  kg** |
| Type of Casting | Type of Metal | | Enter number |
| Type of Casting | Type of Metal | | Enter number |
| Type of Casting | Type of Metal | | Enter number |
| Type of Casting | Type of Metal | | Enter number |

## Customer Requirements

### *Equipment Desired – Please check desired items*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Molding Machine** |  | **Mold Dump Conveyor** |  | **Sand System** |
|  | **Mold Conveyor System** |  | **Degating Conveyor** |  | **Sand Cooler** |
|  | **Mold Loader** |  | **Casting Cleaning** |  | **Sand Aerator** |
|  | **Mold Jackets & Weights** |  | **Casting Finishing** |  |  |

### *Delivery*

|  |
| --- |
| **Requirements**: Enter delivery requirements. |

### *Additional Comments*

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