

Hot runner nozzle application information

CUSTOMER INFORMATION

Customer number:	Contact partner:	End customer:
_____	_____	_____
Company:	Phone:	Target date:
_____	_____	_____
Street:	E-mail:	Other information:
_____	_____	_____
City, state and ZIP code:		
_____		_____

REQUIRED INFORMATION ON THE APPLICATION

Item designation	
Material	
Shot weight per nozzle	
Anticipated injection time	
Injection type	
Flow path length	
Color change properties	
Special features of the application	

REQUIRED INFORMATION ON THE MOLD

Individual nozzle or multiple hot runner system	
Nozzle length	
Number of cavities	
Nozzle position	
Mold size	
Steel	
Multi-component mold	
Multi-daylight mold or tandem mold	