Custom Pultrusion Checklist

FAX TO:

Strongwell Technical Sales Department Chatfield Division 507-867-4031 **Bristol Division 276-645-8172**

If you would like a quote for a particular part, please print out this form, complete it, and FAX it to us. If you have questions about completing it, call us at (276) 645-8000, and we'll help!

Stroot Address

Your	Name	Street Address	
Com	pany Name	Mailing Address	
Phor Fax	ne No./ No.	City/State/Zip	
1.	Attach a glyatah an duawing of naut(g)anaga ga	ontion.	
1.	Attach a sketch or drawing of part(s)cross-set List length(s) required.	ection.	
2.	Describe how the part is used:		
3.	List the most critical features/properties requ	uired:	
4.	Is the part new or currently manufactured in	other materials?	
	New Other Material Currently	FRP Profile	
	Why change?		
5.	Part Requirement:		

	Environment:
	Chemical Exposure (list chemicals):
	Chemical Concentration:
	Exposure Level: Spray Splash Fumes
	Normal Operating Temp:
	Temperature Spikes/Excursion:
	Properties: Fire Retardant UV Inhibitor
	Resin: Polyester Vinyl Ester Epoxy Phenolic
	Color: Ball Park Color "Match" Required (supply sample)
	Tolerances: Standard Special
	Mechanical: List
	Other Properties: List
6.	Secondary Work:
	Is any fabrication or assembly work required? If so, describe:
	Does part need to be painted: Yes No
	Any special packaging? Explain:

7.	Ordering Information:
	Anticipated initial order (feet):
	Is this a one-time order? Yes No If no, what is annual volume?
	Anticipated order/release qty:
	Required initial delivery date: