



Graco Ohio Inc.
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Machine Quotation Request

Company		Today's Date	
Address		Date Quote Required By	
City, State Zip		Please complete this form as thoroughly and accurately as possible to allow us to recommend the proper machine for your application.	
Country			
Contact/Title			
Phone + extension			
Fax			
E-mail Address			

Customer's estimated appropriation for the dispense equipment? _____

Projected/Required Equipment Commissioning Date _____

Competitors tied to bidding process? _____ Price Point _____
 _____ Price Point _____
 _____ Price Point _____

General Information: Single Component Two Component Other _____
 Machine Desired: Single Component Fixed Ratio Variable Ratio
 Type of Material Epoxy Urethane Silicone Polyester
 Acrylic Polysulfide Other _____
 Type of Application: Potting Adhesive Molding Sealant
 Foam Other _____

High Volume Component	Material Specifications	Low Volume Component
	Material Manufacturer	
	Address	
	Address	
	Phone Number	
	Fax Number	
	Product Number or Name	
	Viscosity @77°F	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Thixotropic	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Moisture Sensitive	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Gravity / Pounds per Gallon	
	Processing Temperature	
	Viscosity @ Processing Temperature	
	Volume Ratio	
	Weight Ratio	
% by Wt. Mesh Size	Filler Name:	% by Wt. Mesh Size
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agitation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Corrosive	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vacuum Degassing Requirements (torr)	
	Original Container Size	

(Note: Please attach Material Specification and MSDS sheets if available)

Material Specifications - Mixed

Gel Time	Min. @ °F	Viscosity	
Pot Life	Min. @ °F	Specific Gravity	

Please describe any particular handling characteristics with this material

Description of the Application

Application Requirements

Shot size	cc's	gm's	fl. Oz.
Shot Frequency	/min.	/hr.	/day
Flow Rate	cc's/min.	lb's/min.	gal's/min.
Material Usage	/day	Solvent used	

Machine Requirements

- | | | |
|--|---|--|
| <input type="checkbox"/> Fixed Mixer | <input type="checkbox"/> Remote Mixer | <input type="checkbox"/> Hand-Held Gun |
| <input type="checkbox"/> Disposable Mixer | <input type="checkbox"/> Manual Purge | <input type="checkbox"/> Automatic Purge |
| <input type="checkbox"/> Machine-Controlled Shot | <input type="checkbox"/> Operator-Controlled Shot | |

Please provide a sketch of the part or process below. Attach literature, drawings or any other information which may be helpful. Thank You.