

CUSTOMER SERVICE REQUEST

(* Indicates Required Field)



"Quality Industrial Adhesives Since 1973"

P.O. Box 8737

Mobile, Alabama 36689

Office (251) 633-5034

Fax (251) 633-4210

*Salesman: _____

Date Received: _____

Date Completed: _____

*Customer or Distributor Name: _____

*Distributor Operation: _____

APPLICATION

Machine (Include Model No.) _____

Type Applicator _____

* Is Adhesive Pumped? _____ Type Pump _____

* Application Temp _____ *Open Time & Temp _____

Machine Speed _____ *Compression Time _____

Amt. & Type of Compression _____

Bond Required After Compression _____

Other Comments (Room Conditions etc.) _____

SUBSTRATE MATERIALS (Trade names, Coatings, Etc.)

* _____

To which surface is adhesive applied? _____

PRODUCT DESIRED (Typically for lab use)

(Circle) Dextrin Solvent Hot Melt Layflat Resin Other _____

Viscosity _____

What ingredients are prohibited? _____

Regulations (FDA, USDA) _____

PRODUCT PRESENTLY USED *

* Monthly Consumption _____ Price _____

* Improvements Desired _____