



Customer Address:		
Company:		
Name of Project Leader:		
Name of Decision Maker:		
Address:		
Zip Code, City, Country:		
Phone:		
Fax:		
email:		
Internet:		
Branch:	<input type="checkbox"/> Automotive <input type="checkbox"/> Aircraft <input type="checkbox"/> White Goods	<input type="checkbox"/> Medical Devices <input type="checkbox"/> Others

1. Does a water or gas injection unit already exist in your company?
 yes no
 If so, do you have any problems with the existing equipment and what kind of?

2. Planned date for investment for a water or gas injection unit?
 / (Month / Year)

3. Does a detailed project specification already exist?
 yes no

4. What kind of material is used for the production?

5. Scope of the annual production quantity?

6. Desired operating time of the machine / unit?
 8 hrs. (1-shift) 16 hrs. (2-shifts) 24 hrs. (3-shifts)

7. What kind of component shall be produced?

 Does a 2D and 3D drawing of the component already exist?
 yes no
 If yes, please send them to us for evaluation. Or send us some pictures of the already existing component!

8. Does a mould already exist for the component?
 yes no

9. Non-Disclosure Agreement desired
 yes no