

POLYURETHANE ENQUIRY FORM



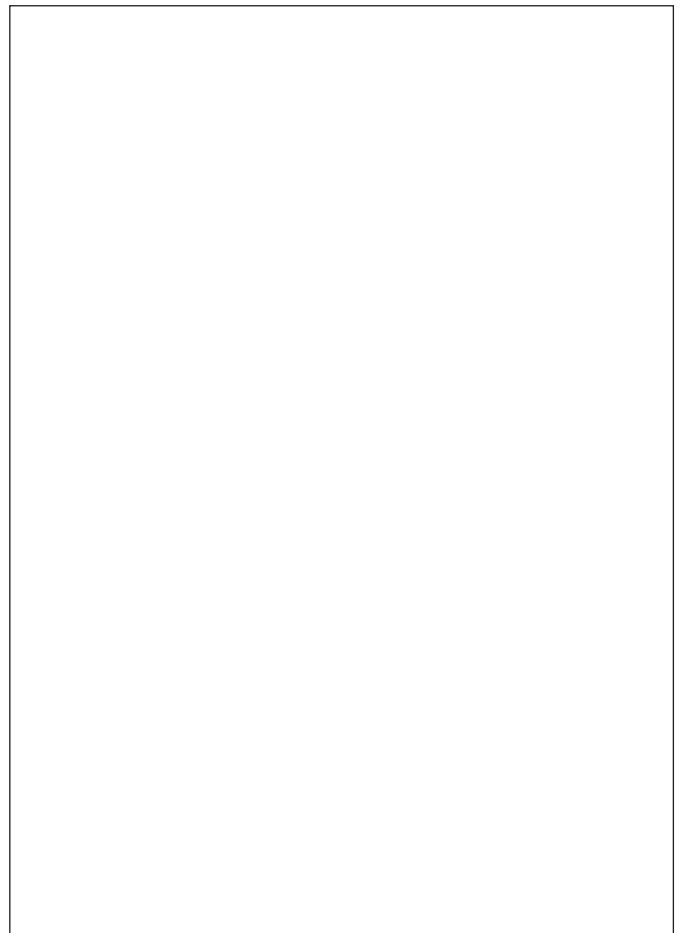
Company: _____
Contact: _____
Address: _____
Project: _____
Phone: _____

Date: _____
Dotmar Quote No: _____
Date: _____
Fax: _____
Email: _____

Polyurethane Rollers

Outside Diameter of Tyre: _____ Inside Diameter of Tyre: _____
Tyre Width: _____ Load on one Wheel / Tyre (kg): _____
Speed of the Wheel: _____ (m/s or RPM – indicate, by deleting inappropriate units)
Ambient / Surrounding Temperature: _____ Preferred Material: (if any) _____
Chemicals: Water / Moisture _____
Oil / Solvent (Specify) _____
Other (Specify) _____
Preferred Colour: _____ Quantity: _____
Will this be a repeat job: Yes / No If Yes, batches per year _____

Other Polyurethane Applications: Describe application (provide sketch or drawing with dimensions)



Loading: Static / Dynamic
Load (kg): _____
Chemicals: Water / Moisture: Yes / No
Oil / Solvent: (Specify) _____
Other: (Specify) _____
Ambient Temperature: _____
FDA Approved: Yes/No
Impact: None / Moderate / High
Wear: Yes / No Abrasion / Smooth
Hardness: (Specify Shore A or D) _____
Preferred Colour: _____ Quantity: _____
Will this be a repeat job: Yes / No If Yes, batches per year _____