

Application Data Forms

Quotation Request Form - Customer Information

Trotter Equipment Co.



www.TrotterEquip.com
513-321-5000

CUSTOMER DATA											
Quotation Information to: Company _____ Street _____ City/State/Zip _____ Name/Title _____ Telephone _____ E-mail _____ Ship to and Service: (if different from Quotation Information) Company _____ Street _____ City/State/Zip _____ Name/Title _____ Telephone _____ Fax _____ E-mail _____	Date: _____ Our Rep in your Area is: <u>Trotter Equipment Company</u> PROJECT STATUS Is the Project funded? <input type="checkbox"/> YES <input type="checkbox"/> NO Cost estimate needed for budget only? <input type="checkbox"/> YES <input type="checkbox"/> NO Is Project <input type="checkbox"/> New Plant? <input type="checkbox"/> Improvement to Existing Line(s)? <input type="checkbox"/> Addition to Existing Plant? Do you have equipment like this now? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, manufacturer is: _____ <table border="1"> <tr> <td><input type="checkbox"/> Chemical Misc.</td> <td><input type="checkbox"/> Pharmaceutical</td> </tr> <tr> <td><input type="checkbox"/> Food/Cereal</td> <td><input type="checkbox"/> Plastic Compounding</td> </tr> <tr> <td><input type="checkbox"/> Food Misc.</td> <td><input type="checkbox"/> Powder Coating</td> </tr> <tr> <td><input type="checkbox"/> Detergent</td> <td><input type="checkbox"/> Toner</td> </tr> <tr> <td><input type="checkbox"/> Energetics</td> <td>Other _____</td> </tr> </table>	<input type="checkbox"/> Chemical Misc.	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Food/Cereal	<input type="checkbox"/> Plastic Compounding	<input type="checkbox"/> Food Misc.	<input type="checkbox"/> Powder Coating	<input type="checkbox"/> Detergent	<input type="checkbox"/> Toner	<input type="checkbox"/> Energetics	Other _____
<input type="checkbox"/> Chemical Misc.	<input type="checkbox"/> Pharmaceutical										
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<input type="checkbox"/> Detergent	<input type="checkbox"/> Toner										
<input type="checkbox"/> Energetics	Other _____										
Invoice to: (if different from Quotation Information) Company _____ Street _____ City/State/Zip _____ Name/Title _____ Telephone _____ Fax _____ E-mail _____	Process Type Continuous: <input type="checkbox"/> Volumetric <input type="checkbox"/> Gravimetric Batch: <input type="checkbox"/> Add Weigh <input type="checkbox"/> Loss-in-Weight ACTION REQUESTED <input type="checkbox"/> Send Literature <input type="checkbox"/> Send formal quotation <input type="checkbox"/> Rush FAX/handwritten quotation <input type="checkbox"/> Date required _____										



Application Data Forms

Quotation Request - Continuous / Batch, Volumetric / LIW

Trotter Equipment Co.



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PROJECT IDENTIFICATION: _____ DATE: _____
Customer name: _____

INGREDIENT	INGREDIENT IDENTIFICATION No. _____	INGREDIENT IDENTIFICATION No. _____	INGREDIENT IDENTIFICATION No. _____	INGREDIENT IDENTIFICATION No. _____
Name				
¹ Form - Particle Size				
² Bulk Density (lbs./cu. ft.)				
³ Flowability - K fill				
⁴ Extreme Properties				
⁵ Preferred Feed Device				
⁶ Preferred Agitator Device				
⁷ Supply Package				
desired feeder storage volume (cu. ft.)				
desired upstream storage (cu. ft.)				
refill device type				
CONTINUOUS FEED APPLICATION				
Accuracy Required (% of feed rate) ± ____%				
Max. Feed Rate (lbs./hr.)				
Min. Feed Rate (lbs./hr.)				
Volumetric/Gravimetric Control				
Feeder/Size Selected				
BATCH FEED APPLICATION ¹⁰				
Max. Batch Weight				
Min. Batch Weight				
Loss-In-Weight/Add Weigh control				
Feeder/Size Selected				
⁸ Batch Make Up time (secs.) : _____	Time Between Batches (secs.) : _____			
⁹ Batch Dispense Time (secs.): _____	Number of Batches per hour: _____			
Batch Accuracy (% of batch): _____%	If Add Weigh - weigh hopper total weight: _____ lbs.			

- ¹ Select pellet, granular, powder, flake, fiber, liquid and make note on particle size.
- ² Bulk Density - show max. and min.
- ³ Select good or moderate or poor and (if applicable) highly aerated or forms snowball.
- ⁴ Select toxic, explosive, very abrasive, very corrosive, very dusty or other.
- ⁵ Select spiral screw, blade screw, twin screw, vibrating tray, weigh belt, pre fed belt, fiber feeder, Silo Tray, liquid pump.
- ⁶ Select FlexWall/Internal Stirring Blade.
- ⁷ Bulk to silo, bulk bag, Gaylord box, small bags (55 lbs.), drums.
- ⁸ the time available to weigh up all the ingredients to be batched.
- ⁹ the time available to dispense all the ingredients to be batched into the process (e.g. mix tank).
- ¹⁰ If there are too many ingredients, go to Batching Quickie Budget Quotation Request Form.

Application Data Forms

Quotation Request Quick Budget - Batching

Trotter Equipment Co.



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PROJECT IDENTIFICATION: _____ DATE: _____

Customer name

How is Batching Handled Now: Please attach a process sketch.			
How Many Major Ingredients		How Many Minor Ingredients	
Largest/Smallest Batch Weight for Two Common Major Ingredients			
Largest/Smallest Batch Weight for Two Common Minor Ingredients			
No. of Process Tanks (Mix tanks, etc.)		No. of Formulations	
For a Typical Batch – No. of Major Ingredients		No. of Minor Ingredients	
Total Weight of all Ingredients			
What Is	- Batch Make Up Time ¹		
	- Batch Dispense Time ²		
	- Normal No. of Batches/Hour		
What Package Types Do Ingredients Come In			
Where are Batches Dispensed (Mixer or Other)			

Is Automation a Certainty		Budget \$	
By What Date			
Any Preferred Vendors			

¹ The time available to weigh up all the ingredients to be batched
² The time available to dispense all the ingredients to be batched into the process (mix tank or other)