

Mold Transfer RFQ

Mold/Part Information

*Company:

Address:

*Contact:

*Phone:

Fax:

Email:

Part Name/Description:

Part Number/Rev. Level:

Part Drawings/CAD Files

Part Material/Color:

Cavitation: 1 Cavity 2 Cavity 4 Cavity Other

Secondary Operations (pad printing, inserts, painting/shielding, etc):

Secondary Fixtures: N/A Customer Supplied: Seaway to make:

Provide Last Shot Samples (with runner): YES: NO:

Part Weight (including runner): Weight in Grams:

Quality Requirements (cosmetics, tolerances, etc.)

Annual Usage:

Mold Material & Type (Cores/Cavities): Steel: Aluminum: Other:

Mold-Base: Freestanding: MUD: Other:

“Family” Mold Description:

Are process parameters available: YES: NO:

If YES, provide:

Cycle Time:

Mold Condition: Good: Fair: Poor:

Original Mold Life Guarantee: Total Shots:

Year Built:

Machine Size Mold Last Ran On (example 200-Ton Press):

Physical Mold Dimensions: L: W: H:

Mold design layout/print available for review: YES: NO:

Gate Type ColdSprue: Hot Runner: Other:

Remaining number of years mold needed to produce parts:

Date when you want to move the mold(s):

*Indicates a Required Field

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