



Feedscrew Quotation Request

To request a quote, complete this form and save. Open an email and attach the saved form. Email to: Sales@ServicesForPlastics.com

Contact Information:

Company: _____

Account Number (If known): _____

Name: _____

Phone: _____

Job Title: _____

Email: _____

Address: _____

Type of Business: _____

City: _____ State: _____

Zip Code: _____ Country: _____

How you found us: _____

Quotation Information:

Machine Make: _____

Ounce Capacity: _____

Model Number: _____

Resin Type: _____

Injection Unit: _____

Machine Type:

☐ Injection

☐ Extrusion

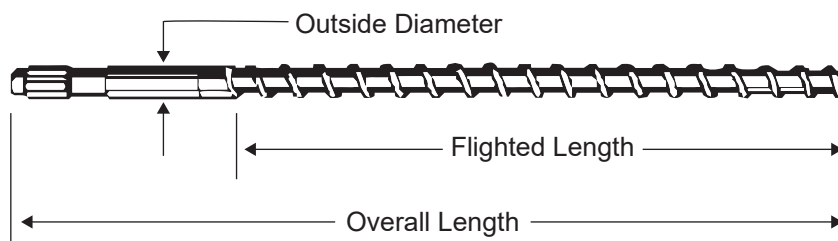
☐ Blow Molding

☐ Vented

☐ Thermoset

Overall Length: _____ Outside Diameter: _____

Flighted Length: _____ L/D: _____ :1 (# of flights on feedscrew)



Service:

☐ Manufacture New

☐ Rebuilding Service

Drive:

☐ Involute Spline*

☐ Straight Sided Spline*

*Number of Splines: _____

☐ Single Key

☐ Double Key

☐ Vertical Key

☐ Square/Rectangle

☐ Pin

Other _____

Other Information:

List any non-standard data, such as:
 mixing section, dual flight channels, or
 any damage found on feedscrew.