

ELECTROLUBE RESIN QUESTIONNAIRE



Name:	
Company Name:	
Address:	
Phone:	
Fax:	
Email:	
Is resin currently used? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what product is used?	
What is the application?	
What is the volume/weight per unit?	
What is the number of units per month?	
What is the unit material?	
What is the required temperature range?	
Is thermal cycling required? If so, what regime?	
What approvals are required?	
What is the application method?	
End use/environmental conditions	
Solvent chemical resistance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to what?	
Special viscosity/thixotropy requirements?	
What is the preferred curing schedule?	

What is the preferred colour?

What is the target price?

Resin properties required:

Flexibility:

Hardness:

Thermal conductivity:

Further information: