

Request for Coating Trial



Walther Trowal LLC Test Lab

4540 East Paris Ave SE, Suite F
Grand Rapids, MI 49512
Phone: +1 (616) 455-8940
Fax: +1 (616) 871-0037

<http://www.walther-trowal.com>
E-mail: info@walther-trowal.com

Company: _____
Address: _____
City, State, Zip code: _____
Phone: _____
Fax: _____
Contact Person: _____
Department: _____
Contact Email: _____
Direct dial: _____
Date completed: _____

Details for free-of-charge trials

Trials are free-of-charge. Please provide at least 4 liters of parts, a full container of coating Material, and solvent used for dilution, if To help us achieve the requested coating results, We ask that you fill out this sheet **completely**, and then send it along with your parts.

Thank you for your cooperation!

General information:			
<input type="checkbox"/>	New application	Work piece:	
<input type="checkbox"/>	Additional trial	Material:	
	Previous trial	Dimension:	in
	No.:	Weight:	lb

Our requirements are especially focused on:	
<input type="checkbox"/>	Optics
<input type="checkbox"/>	Abrasion resistance
<input type="checkbox"/>	Corrosion protection
<input type="checkbox"/>	Covering of edges
<input type="checkbox"/>	Resistant against:
<input type="checkbox"/>	- Alcohol
<input type="checkbox"/>	- Acetone
<input type="checkbox"/>	- Hand lotion
<input type="checkbox"/>	- Margarine
<input type="checkbox"/>	- Mustard
<input type="checkbox"/>	- Other:
<input type="checkbox"/>	Metal effect
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Anti-blocking agent:
<input type="checkbox"/>	- dynamic
<input type="checkbox"/>	- static
<input type="checkbox"/>	- PTFE
<input type="checkbox"/>	- MoS ₂
<input type="checkbox"/>	Shade:
<input type="checkbox"/>	- RAL
<input type="checkbox"/>	- Other:

Enclose a pilot sample with coating material and the coating specifications desired, if possible.

Manufacturing process:	
<input type="checkbox"/>	Injection molding
<input type="checkbox"/>	Die casting
<input type="checkbox"/>	Other:

Quantities to be processed:	
Pieces	
per <input type="checkbox"/> day / <input type="checkbox"/> month:	pieces
Bulk volume	
per <input type="checkbox"/> day / <input type="checkbox"/> month:	liters
Shifts:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Actual coating method:			
<input type="checkbox"/>	Manually	<input type="checkbox"/>	Coating with:
<input type="checkbox"/>	Spindle		Lacquer:
<input type="checkbox"/>	Robot		Dilution:
<input type="checkbox"/>	Dip/Spin		Hardener:
<input type="checkbox"/>	Electroplating	Consumpt.:	ml/pc.
<input type="checkbox"/>	Other:	Coating:	
		Time:	min/pc.

Remarks/Comments: