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INDICATE ACTIONS REQUIRED:

- PLEASE QUOTE
- BUDGET PRICE ONLY
- LABORATORY TEST

STATUS OF THE PROJECT

- FEASIBILITY STUDY
- DEFINITE REQUIREMENT THIS YEAR
- REQUIREMENT IN NEXT 5 YEARS
- OTHER

SYSTEM QUESTIONNAIRE

AUTOMOTIVE GLASS

CERAMIC INK DRYING/FIRING PROCESSES

Parameters should be identified which will be used to design the system.

If ranges are given, worst case conditions will be calculated.

COMPANY _____ DATE _____

ADDRESS _____

NAME & TITLE _____ TELEPHONE # _____

FORM COMPLETED BY AND TITLE: _____ FACSIMILE # _____

EMAIL _____

NEW APPLICATION

REPLACEMENT APPLICATION

SUBSTRATE

MAXIMUM SIZE: WIDTH _____" LENGTH _____" MAXIMUM THICKNESS _____"

MINIMUM SIZE: WIDTH _____" LENGTH _____" MAXIMUM THICKNESS _____"

GLASS ORIENTATION (SHORT/LONG EDGE LEADING)

COATING

TYPE OF COATING _____ MANUFACTURER _____ INK # _____

WET THICKNESS _____ % COVERAGE _____

METHOD OF COATING SCREEN PRINT ROLL COAT SPRAY OTHER _____

PRESENT PRODUCTION RATE _____ PER MINUTE. DESIRED PRODUCTION RATE _____ PER MINUTE

SPACE BETWEEN PARTS _____

MAXIMUM LINE SPEED _____ MINIMUM LINE SPEED _____

TYPE OF CONVEYOR SYSTEM DESIRED _____

ROLL SPACING OF CONVEYOR _____

TEMPERATURE RISE OF GLASS FROM _____ °F TO _____ °F

IS GLASS TO BE COOLED? _____ TO WHAT TEMPERATURE? _____ °F

WHAT IS MAXIMUM AMBIENT TEMPERATURE AND R.H. _____

IS PROCESS IN LINE OR OFF LINE _____

DISTANCE AVAILABLE IN MACHINE DIRECTION _____

PLANT VOLTAGES AVAILABLE _____

PLEASE SEE REVERSE SIDE

All questionnaires are available on-line at www.cassosolar.com

TYPE OF TEMPERATURE CONTROL SYSTEM DESIRED _____

IS CERAMIC INK FIRING OVEN REQUIRED? _____

COOLING REQUIRED AFTER FIRING TO _____ °F

IS HEAT STRENGTHENING REQUIRED? _____

• IMPROVEMENT DESIRED OVER PRESENT DRYING SYSTEM _____

• ENERGY COST: ELECTRICITY: \$ _____ /KW/HR CONSUMPTION + \$ _____ KW DEMAND

NATURAL GAS: \$ _____ /1000 CUBIC FEET

OTHER _____

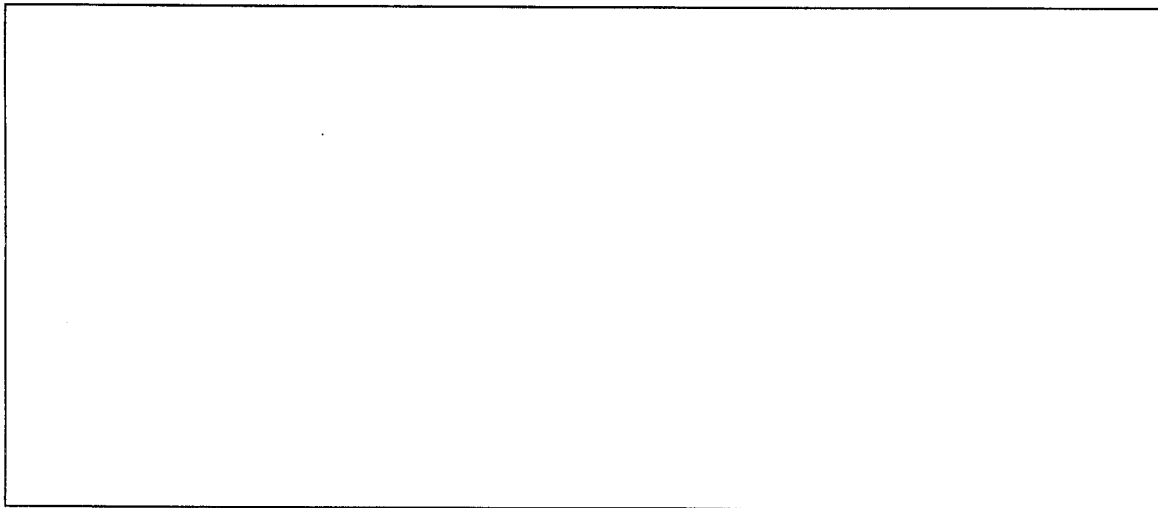
• TIME FRAME FOR PROJECT EVALUATION _____

• ESTIMATED REQUIRED INSTALLATION DATE _____

• INSURANCE CARRIER, IF APPROVAL IS REQUIRED FOR INSTALLATION _____

• OTHER DESIGN OR PROJECT CONSIDERATION _____

• PLEASE SKETCH LAYOUT OF AREA FOR EQUIPMENT INSTALLATIONS AND GIVE FURTHER DESCRIPTION IF REQUIRED



• SPECIAL NOTES _____

IN ORDER TO EXACTLY DETERMINE YOUR CASSO-SOLAR HEATER SYSTEM, PLEASE INCLUDE SAMPLES OF YOUR PRODUCT FOR TESTING IN OUR LABORATORY. A FINISHED SAMPLE SHOULD ALSO BE INCLUDED FOR A TEST STANDARD.