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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
ARCHITECTURAL/FLAT GLASS
SPANDREL/DECORATIVE COATING PROCESS
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 _____

SUBSTRATE

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

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

GLASS ORIENTATION (SHORT/LONG EDGE LEADING) _____

COATING

TYPE OF COATING _____ MANUFACTURER _____ PAINT/INK # _____

THICKNESS _____ ONE OR TWO SIDES _____

METHOD OF COATING ROLL COAT SCREEN PRINT SPRAY OTHER _____

PRESENT PRODUCTION RATE _____ DESIRED PRODUCTION RATE _____

MAXIMUM LINE SPEED _____ MINIMUM LINE SPEED _____

IS PROCESS IN LINE OR OFF LINE _____

DISTANCE AVAILABLE IN MACHINE DIRECTION _____

TYPE OF CONTROL SYSTEM DESIRED _____

• IMPROVEMENT DESIRED OVER PRESENT DRYING SYSTEM _____

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

NATURAL GAS: \$ _____ /1000 CUBIC FEET

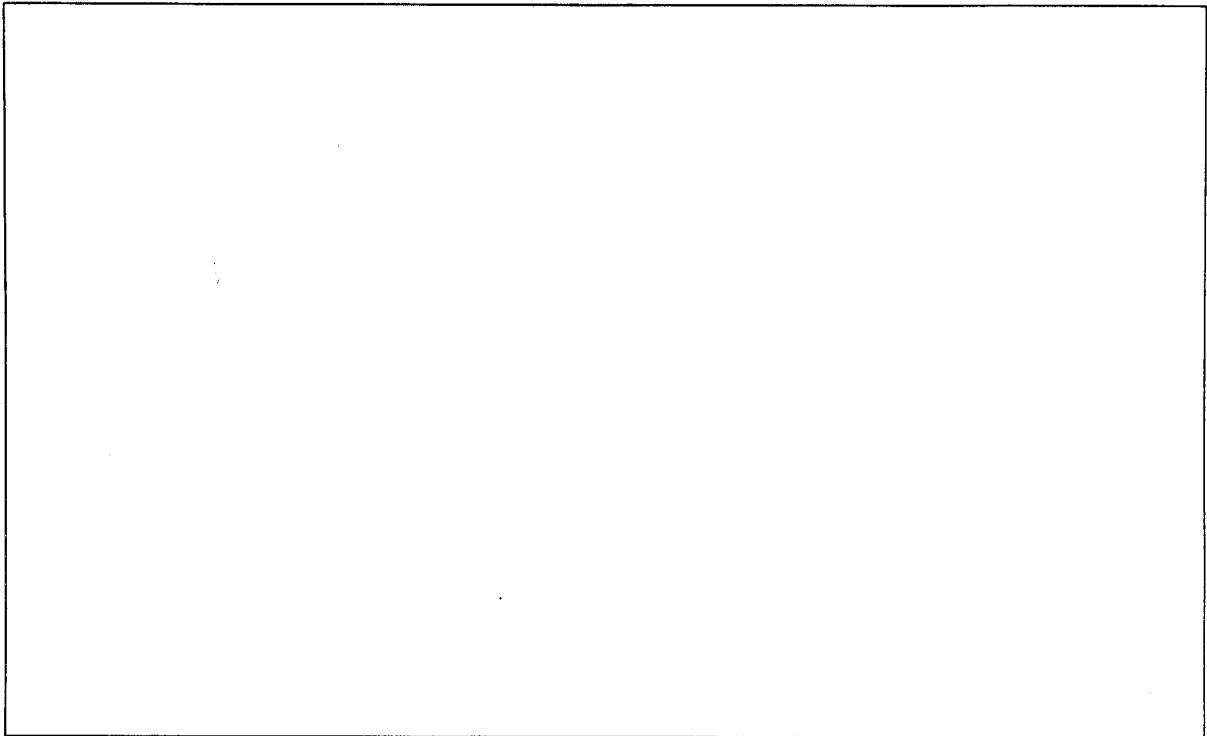
OTHER _____

PLEASE SEE REVERSE SIDE

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

- 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 _____
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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.