



## Contact Us

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## Low Pressure Molding Application Checklist

In order for us to better evaluate your application, please email us pictures, drawings/solid model and/or send an actual product sample to the above address.

(\*Required)

\*First Name:

\*Last Name:

\*Company:

\*Telephone:

Fax:

\*Email:

\*Application Product Name:

Automotive  Industrial  Consumer  Medical

Application Product Description:

New Product?   
(new design vs. retro-fitting)

Anticipated Product Life:

Component size:

Timeline (prototyping and product to market):

Yearly Volume:

Overmolding target price per unit:

Service Temperature (range -40°C to +140°C)

Moisture exposure, splashing, immersion?

Salt fog, spray?

UV exposure?

Humidity Testing?

Temperature cycle / shock testing?

Strength requirement, mounting holes, etc.?