



Enquiry fax number: +49 6451 5008-59

Hot runner application information

CUSTOMER INFORMATION

| | | |
|---------------------|------------------|--------------------|
| Customer number: | Contact partner: | End customer: |
| Company: | Telephone: | Target date: |
| Street: | E-mail: | Other information: |
| City and post code: | Date: | |

REQUIRED INFORMATION ON THE APPLICATION

| | |
|---------------------------------------|---|
| Project name | |
| Item designation | |
| Industry | <input type="checkbox"/> Car <input type="checkbox"/> Electronics <input type="checkbox"/> Packaging <input type="checkbox"/> Consumer goods <input type="checkbox"/> Medical technology |
| Material designation (trade name) | |
| Shot weight per hot runner nozzle (g) | |
| Anticipated injection time (sec.) | |
| Type of gating (direct or indirect) | |
| Flow path length (mm) | |
| Wall thickness (mm) | |
| Colour change requirements | |
| Special features of the application | |

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REQUIRED INFORMATION ON THE MOULD

| | |
|---|---|
| Nozzle type | <input type="checkbox"/> Open hot runner nozzle <input type="checkbox"/> Valve gate nozzle |
| Nozzle length (mm) | |
| Gate bushing (mm), standard/extended | |
| Needle drive | <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric |
| Number of cavities/Number of injections | |
| Nozzle position (x/y) | |
| Mould size/Nozzle protrusion | |
| Plate material | |
| Multi-component mould | |
| Stack mould or tandem mould | |
| Machine nozzle radius | |

YOUR SKETCH

A simple sketch of your mould

