



R09-5 Confirmation of D&D Requirements

CLEANER SELECTION SURVEY

Metalloid at **269.503.7300**

Company _____ Date: _____ Sales Rep: _____
 Address _____ City: _____ State: _____ Zip: _____
 Contact: _____ Title: _____
 Phone _____ Fax: _____ E-mail: _____ Cell: _____

CURRENT CLEANER INFORMATION

1. Product Form: Liquid Powder Other _____
2. Product Type: Alkaline Acid Solvent Emulsion Other _____
3. Manufacturer of Current Cleaner: _____
4. Problems/Issues with current product: _____

5. Usage Per Month: _____ Drums/Month _____ Pails/Month _____ Tanker/Month
6. Price of Current Product: \$ _____/Gallon
7. Does desire same type of product he is now using? Yes No
8. If No, What does customer want? _____

CURRENT USE CONDITIONS

1. How applied: Immersion Spray Rotary/Vibratory Manual Ultrasonic Other _____
 Cold Heated _____ Temperature
2. Tank Capacity (Gals.): _____ 3. Concentration (%): _____ 4. Cycle Time: _____ Rinse No Rinse
5. Number of Stages: _____ 6. What is customer cleaning? (e.g., soil type): _____
7. Describe Part or Surface Cleaned: _____
Metal: Cast Iron Steel Stainless Alum. Copper/Brass Zinc/Galvanized Magnesium
8. Does customer use Final Forced Air Oven Dry-Off
9. After cleaning, parts are: Manually Stacked Deposited in Tote Bins Remain in Basket Wrapped/Boxed
 Sent directly to next stage Treated with Rust Preventative

SALES ANALYSIS

What must we do to acquire this business? _____

Sample Requested: Product: _____ Size: _____ Requested Submitted: Yes Date: _____ No

Comments: _____

FOR METALLOID USE			
Sample Sent: <input type="checkbox"/> Yes	Product: _____	Size: _____	By: _____ Date: _____
Comments: _____			
<u>Publish Date</u>	Microsoft	[Manager]	Ver. 01