|  |  |  |  |
| --- | --- | --- | --- |
| Cloos SAP contact no. | Sales agency | Contact person | Date |
|   |   |   |   |
| **Customer** |
| Customer |   |
| Order no. |   | Current welding technology / Application technology |   |
| Contoller no. |   |
| Customer no. |   | VAT Reg. no.  |   |
| Street / P.O. Box |  /  |
| Zip code / place |  /  |
| Tel. reception |   |
| Fax. reception |   |
| Internet adress |   |
| Contact person | Function  | Tel. | Fax | E-Mail |
|   |   |   |   |   |
| Decision maker | Function | Tel. | Fax | E-Mail |
|   |   |   |   |   |
| Branch |   | Bonität:[ ]  Geprüft [ ]  Unbedenklich[ ]  Unbekannt[ ]  Kritisch |
| Last year’s turnover |   |
| Number of employees |   |
| Invest budget |   |
| Expected date of order |   | Expected start of production  |   |
| **Specification of the Project** |
| [ ]  Compact cells / systems | [ ]  Robot systems | [ ]  Special purpose machines |
| Latest pictures of the system ( in total, detail of robot, accessories, changed installation of system layout) are attached: [ ]   |
| **Details on components** |
| Component name | Max. dimensions | Max. weights | Basis material | Drawing no.  |
|   |   |   |   |   |
| Conditions of parts before welding | Sand blasted | [ ]  Yes [ ]  No |
| Parts tacked | [ ]  Yes [ ]  No |
| Seam preparation |   |
| Weld quality |   |
| Tolerances |   |
| Details on process | [ ]  MIG/MAG | [ ]  MIG-brazing |
| [ ]  Pulsed | [ ]  WIG |
| [ ]  Single wire | Cold wire:  |
| [ ]  Tandem | Filler material:  |
| Filler material (type / Ø) :  | [ ]  PPAW |
| Welding gas:  | [ ]  Other process |
| **Workpiece fixtures**  |
| Required? | Yes [ ]  No [ ]  |
| Probability that customer will order with clamping device  | > 80 % [ ]  | > 60 % [ ]  | < 30 % [ ]  | < 10% [ ]   |
| Type of workpiece fixture | Manual [ ]  | Pneumatic[ ]  | Hydraulic [ ]  | Mech./el. [ ]  |
| **Details on peripheral equipment** |
| Details on peripheral equipment | If yes, which axes? |
| Replacement / maintenance ext. drives required or requested?  | Yes [ ]  No [ ]  | No.:  |
| New drag chain required or requested?  | Yes [ ]  No [ ]  | No.:  |
| Replacement of linear tracks required or requested? | Yes [ ]  No [ ]  | No.:  |
| Replacement tooth ring/ racks required or requested? | Yes [ ]  No [ ]  | No.:  |
| Replacement of the slewing rings of the workpiece positioner? | Yes [ ]  No [ ]  | No.:  |
| **Additional information** |
| Details on retrofitting background |   |
| Short description of the system ( or fill in sheet 3)  |   |
| Are there restrictions at the place of installation?  | Restricted height of hall  | Restricted height oh crane hook (Details on existing foundation)  | Max. floorspace (m)  | Special voltage (normal 3x400 V)  |
|  m |  m |  X  |  V |
| Details on competitors |   |   |   |   |
|   |   |   |   |

|  |
| --- |
| **Measures to be taken** |
| Measures | Desired date | Measures  | Desired date |
| [ ]  General information |   | [ ]  Quotation layout |   |
| [ ]  Budgetary quotation (short) |   | [ ]  Visit in Haiger |   |
| [ ]  Detailed quotation (long version) |   | [ ]   |   |
| Quotation to be adressed to | To customer directly [ ]  | To subsidiary / dealer [ ]  |
| Are weldings tests necessary? | Yes [ ]  | No [ ]  |