

*Help us to help you better. Please print this form, write in your response, then fax to 716-874-1589 or type your answers below and return the form by e-mail to sales@odenmachinery.com.*

## **APPLICATIONS DATA QUESTIONNAIRE**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **A. PRODUCT SPECIFICATIONS**

1. Name and description of product(s):
2. Characteristics (examples: viscosity, foamy, abrasive particulates, specific gravity)

### **B. CONTAINER SPECIFICATIONS**

1. Glass? Plastic?
2. Shape:
3. Dimensions:
4. Neck ID and OD:

### **C. MACHINE PREFERENCE**

1. Benchtop? Automatic?

### **D. FILLING REQUIREMENTS**

1. Fill volumes
2. Speed
3. Accuracy
4. Special requirements that need to be addressed:

### **E. OTHER MATTERS:**

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**ODEN MACHINERY**  
600 Ensminger Rd., Tonawanda, New York 14150  
800-658-3622, 717-874-3000, Fax 716-874-1589  
www.odenmachinery.com sales@odenmachinery.com