

REX INNOVATIONS INC.

PRODUCT REQUEST FORM

DISTRIBUTOR: _____
Address: _____
City/State/Prov./Postal Code: _____
Telephone: _____ Fax: _____
Sales Rep: _____

CUSTOMER: _____
Address: _____
City/State/Prov./Postal Code: _____
Telephone: _____ Fax: _____
Contact name: _____ Title: _____
Finish product: _____
Bonding: _____ to: _____ Samples available: Y N

**SERVICE
CONDITIONS:**

Temperature range: _____ To: _____
Exposed to these chemicals or solvents: _____
Moisture Sunlight Outdoor weathering
Colour requirements: _____
Load requirements (amount and type of strength required): _____

**PRODUCTION
METHOD:**

Machine or Hand application?
Equipment: Brush Extruder Trowel Roller Sprayer Roll Coater
Other (specify): _____

**APPLICATION
REQUIREMENTS:**

Viscosity desired: _____
Drying time: _____
Curing temperature available: _____
Curing time available: _____
Pressure available: _____
If necessary, we can use 2-part adhesive: Yes No

Estimated monthly volume: _____ Seasonal Yes No
Price limitations: _____
Present product used: _____ Samples Available? Yes No
Type presently used: Water-Based Solvent-Based Epoxy Hot Melt
Why unsatisfactory: _____

Comments: _____

Once completed return form to: ramiro.aguayo@rexinnovations.ca