

QUESTIONNAIRE

PAINTING/COATING



COMPANY INFORMATION

DATE	CONTACT PERSON	COMPANY
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TELEPHONE	MOBILE	EMAIL
ADDRESS		Please return to your Sales Manager

FINISHED PRODUCT

					<input type="text"/>
<input type="checkbox"/> FLAT PANELS	<input type="checkbox"/> SHAPED PANELS	<input type="checkbox"/> DOORS	<input type="checkbox"/> WINDOWS	<input type="checkbox"/> MOULDS	<input type="checkbox"/> OTHER PRODUCTS

MATERIAL DIMENSIONS

LENGTH (mm)	MIN. _____	MAX. _____	AVG. _____
WIDTH (mm)	MIN. _____	MAX. _____	AVG. _____
THICKNESS (mm)	MIN. _____	MAX. _____	AVG. _____
WEIGHT (kg)	MIN. _____	MAX. _____	

TYPE OF MATERIAL

<input type="checkbox"/> SOLID WOOD	<input type="checkbox"/> PLYWOOD	<input type="checkbox"/> CHIPBOARD	<input type="checkbox"/> LDF	<input type="checkbox"/> MDF	<input type="checkbox"/> HDF	<input type="checkbox"/> VENEERED SURFACES
<input type="checkbox"/> VENEER FOILS/ROLLS	<input type="checkbox"/> NON-NATURAL ENNOBLED SURFACES	<input type="checkbox"/> COMPOSITE MATERIALS: _____				

PRODUCTIVITY

	HOW MANY m ² /DAY _____	<input type="checkbox"/> 1 SHIFT	HOW MANY DIMENSION CHANGES PER SHIFT? _____
OR RM/DAY?	_____	<input type="checkbox"/> 2 SHIFTS	_____

CURRENT PROCESS

LIST YOUR PAINTING PROCESS. (e.g. base coat, primer, sanding, top coat, finishing)

TYPE OF LACQUER

<input type="checkbox"/> SOLVENT BASE	<input type="checkbox"/> WATER BASE	<input type="checkbox"/> UV	<input type="checkbox"/> UV WATER BASE	<input type="checkbox"/> OTHER _____
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TYPE OF FINISHING REQUESTED

<input type="checkbox"/> GLOSS	<input type="checkbox"/> SUPER GLOSS	<input type="checkbox"/> MATTE FINISH	<input type="checkbox"/> SUPER MATTE WITH ECIMER	<input type="checkbox"/> OTHER _____
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COLOUR QUANTITY (e.g. 2 - white base, red top coat)

ENERGY SOURCE FOR DRYING

<input type="checkbox"/> BOILER	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> GAS
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PROJECT REALISATION

<input type="checkbox"/> SHORT-TERM	<input type="checkbox"/> MEDIUM-TERM	<input type="checkbox"/> LONG-TERM
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