



REQUEST FOR QUOTE

Adhesive Applicator for Finger Jointers
and Laminated Products

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Note - Applicator Heads are Custom-built and Machined to the specifications provided herewith. We strongly recommend you get it right the first time, there are no refunds for your mistakes! Cutter and Adhesive Suppliers are recommended as a final check before submitting.

Please complete the following:

Company Name _____

Postal Address _____

Shipping Address (if different from above) _____

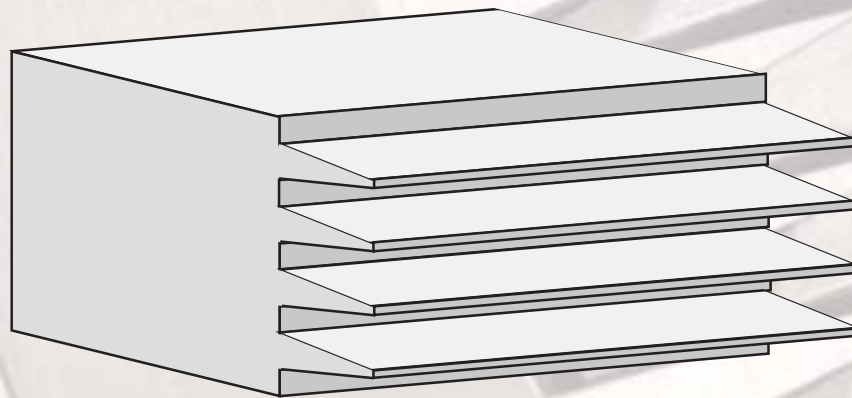
Phone No _____ Fax No _____

Email _____

Contact Name _____ Ext No _____

APPLICATION INFORMATION - Define the equipment function

Pick One: Finger Jointing Edge or Face Lamination





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ADHESIVE INFORMATION DATA SHEET

Adhesive Supplier _____

Adhesive Supplier's Product Name/Code _____

Do you need or use a **Meter-Mixer**? _____ Meter-Mixer Manufacturer _____

Resin _____ **Catalyst** _____

Mix Ratio by Weight (Resin/Catalyst) **Parts Resin** _____ to **Parts Hardener** _____

Specific Gravity: **Resin** _____ **Hardener** _____

Mix Ratio by Volume (if known) **Parts Resin** _____ to **Parts Hardener** _____

Viscosity: **Resin** _____ **cps** **Hardener** _____ **cps**

(If powder, write powder.)

Resin Type: Check appropriate box. (Note: If more than one adhesive is to be used, copy this form and complete the information above for each adhesive; and indicate the approximate percentage of each type.

Resorcinol **Melamine** **2Part PVA** **1Part PVA** **Other**(specify) _____

Type 1 _____ % Usage. Type 2 _____ % Usage.

Is any Filler added to the resin or hardener?

Type of Filler (Wheat Flour, Nut Flour, etc.) _____ at _____ % weight.

Technical Data Sheet available? Yes No Airmail to Apquip

Material Data Sheet available? Yes No Airmail to Apquip

Manufacturer's Recommended Coverage Rate _____ grams per square inch

Your Target Coverage Rate if not same as Mfr. _____ grams per square inch

Maximum area of Joint to be glued _____ square inches

(Note: On Finger Jointers that assemble and clamp a packet of feed stock, the maximum area of joint is the total of the timber packet, not the individual pieces.)

Maximum Lineal speed past applicator head _____ [in / sec] [ft / min] (select one).

Adhesive Supplier Contact Name: _____

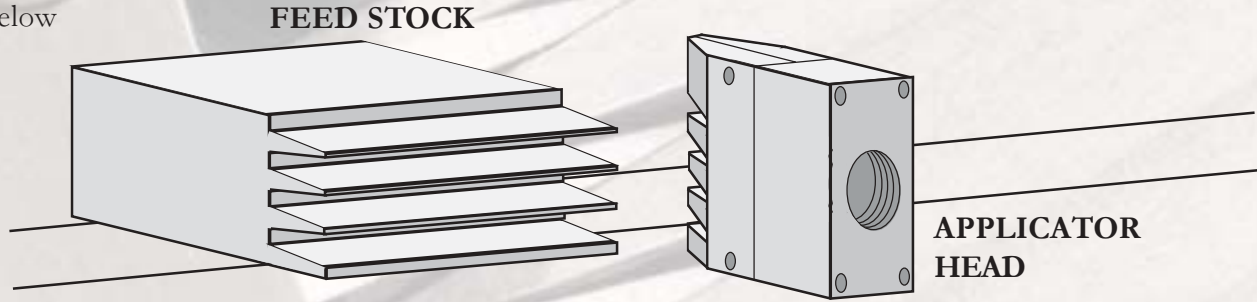
Phone: _____ Fax: _____ Email: _____

(Include Country Code, City Code, Area Code and Number.)

FINGERJOINT APPLICATOR DATA SHEET (Skip this page for Lamination Lines)

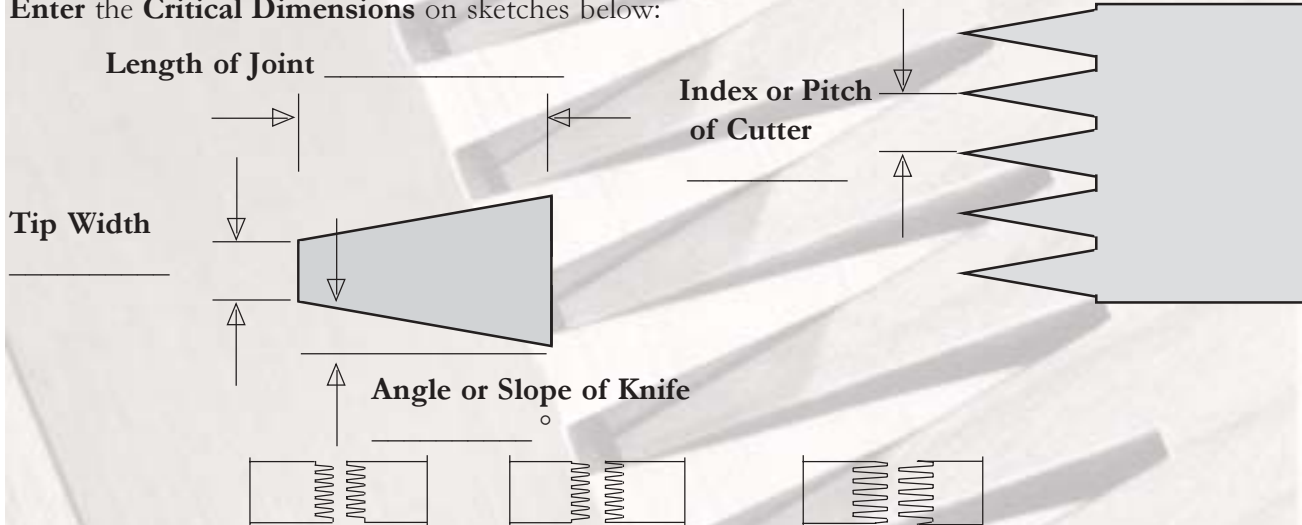
Machine Manufacturer _____

Indicate direction of feed stock movement past Applicator Head by drawing an arrow on sketch below



Maximum Lineal Speed of feed stock past applicator head? _____ Feet / Min.
or _____ Meters / Min.

Enter the Critical Dimensions on sketches below:



Joint Type? Reversible Male-Female Feather or Other _____

Adjustable or Fixed Height Applicator Head? _____

Maximum No. of Knives in Stack? _____

Minimum No. of Knives in Stack? _____

Special Options (Refer to Apquip Brochures) or Special requests? Note Here: _____



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LAMINATION APPLICATOR DATA SHEET (Skip this page for Fingerjoint Lines)

Application Type? Structural Beam "T" Beam Other: _____

Structural and Other: Face Application Edge Application

Indicate direction of feed stock movement past Applicator Head by drawing an arrow on sketch below



Maximum Lineal Speed of feed stock past applicator head? _____ Feet / Min.
or _____ Meters / Min.

Sketch(es) Required!

- Edge Bonding - Profile drawing and Glue Station on conveyor.
- "T" Beam Rebate - Profile drawing, timber orientation at Glue Station, and Glue Station on conveyor.
- Face Bonding - Feed Stock width(s).

Application Rates:

Adhesive Application Rate? _____ gallon / min.
Adhesive Board Coverage _____ grams / square inches.

Control System:

Does your machine have a device to detect feedstock and provide an on/off signal? Yes No

Should we quote for this device? Yes No

Is the Signal Pneumatic or Electric? _____ Voltage of the Electrical Signal?
_____ AC/DC

Do you require programmed Glue Skip capability? Yes No

Any Special Requirements? Note Here: