|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |