

Applications Questionnaire

Cox Sales Company is an industrial adhesive supplier. In some cases a standard off-the-shelf product or special adhesive is not available due to customer requirements. Therefore, we have to engineer or modify a formulation to meet a specification. This component of our website is designed to help us determine your needs. Please take a few moments to complete the questionnaire below. If you do not have an answer to any of the fields just leave them blank. You may hit the submit button at the bottom of this questionnaire or if you would prefer you may download a PDF copy of this questionnaire and mail or fax it to us at another time.

COMPANY INFORMATION

First Name:* _____

Last Name:* _____

Company:* _____

Mailing Address:* _____

Shipping Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Country:* _____

Telephone:* _____

FAX:* _____

E-mail:* _____

*Required field

Note: Is this a residence? _____

APPLICATION SPECIFICS

What is the end product? _____

Are you looking for an adhesive, coating, sealant, encapsulant or other?

Do you have a written specification? _____

(Example: MMM-A-131 Type 1, class 2)

Has a bond strength been established? _____

Is a dual component system acceptable? _____

Substrates to be bonded (Example: natural rubber to Cold roll steel).

_____ TO _____

UNCURED HANDLING REQUIREMENTS

Desired Viscosity (cps): _____

(Water equals 1 cps)

Does the system need to flow? _____

Is a non-flowing material desirable? _____

Desired work Life(minutes): _____

Desired handling bonds(minutes): _____

Desired full cure time(minutes or hours): _____

Gram Mass: _____

Potting Mass: _____

Thermal shock cycling: _____

Performance Parameters: _____

Major approval criteria: _____

Approximate dimensions to be bonded: _____

Cubic inches to be filled: _____

Does the material have to be conductive? Yes No

If Yes, thermally or electrically? _____

Color part 'A' _____

Color part 'B' _____

Desired mix ratio: _____

Is specific gravity an issue? _____

Is shock or vibration an issue? _____

Does the adhesive have to be UV resistant? _____

Does the adhesive have to be waterproof or water resistant? _____

Does the adhesive have to be resistant to anything? _____

Are you interested in a waterborne or solvent system? _____

CURE REQUIREMENTS

Type of cure:

Room Temperature Yes No

Heat Yes No

Moisture Yes No

Reactive Yes No

Shore Hardness @ 23 degrees C: _____

SERVICE CONDITIONS

Temperature Range(example: 10 to 120 degrees Centigrade)_____

Is the temperature constant or intermittent? _____

Does the product have exposure to:

Solvents: Yes No

Chemicals: Yes No

Abrasion: Yes No

Oils / Fuels: Yes No

Outdoor Weathering: Yes No

Other: _____

PREFERRED METHOD OF APPLICATION

Brush Yes No

Spray Yes No

Roll Yes No

Mix Yes No

Other: _____

OTHER REQUIREMENTS OR APPEARANCE CONSIDERATIONS

(Example: Color, Odor, Flammability_____

USAGE

Is this application new? Yes No

Are you presently in production? Yes No

Estimate of adhesive usage per month:_____

If you are currently using a product why do you want to change?

SOURCE OF MATERIALS

Application is new and do not have a source: Yes No

Current supplier:_____

Product currently being used:_____

Price currently being paid:_____

OTHER CONSIDERATIONS