# For a product recommendation or technical assistance regarding an application, fill out the following form:

COMPANY NAME
CONTACT PERSON
COMPANY ADDRESS
PHONE NUMBER
E-MAIL ADDRESS

## Description of finished product

### Materials to be bonded

Applicat	ion M	lethod
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One sided or tw	o sided application to		
Wet Bond	Pressure Sensitive	Contact Bond	]
Heat Activated	°F		
Bond Requireme	ents		

Open Time	Drying Time	
Pressure	Hot or Cold Set	

# Estimated Monthly Volume

## What adhesive is currently being used?

## How could current adhesive perform better?

#### Comments