



MAILING LIST CUSTOMER INFORMATION

Since PPE sells by direct mail, we need your assistance in making sure our fully priced molding accessory catalogs get to the right people and the right companies. Please take a moment to fill out this form, thank you.

NOTE: Customers Assurance: This information is for PPE only and will not be passed on to any plastics magazine!

1. What type of plastic processing is done by your company?

- | | | |
|--|--|--|
| <input type="checkbox"/> Assembly of plastic parts | <input type="checkbox"/> Decorating/Finishing | <input type="checkbox"/> Plastic coating |
| <input type="checkbox"/> BLOW MOLDING | <input type="checkbox"/> EXTRUSION | <input type="checkbox"/> Plastics machining |
| <input type="checkbox"/> Extrusion Blow molding | <input type="checkbox"/> Blown/Cast Film | <input type="checkbox"/> Plastics packaging |
| <input type="checkbox"/> Injection Blow molding | <input type="checkbox"/> Coating, Web | <input type="checkbox"/> Plastics Recycling |
| <input type="checkbox"/> Stretch Blow molding | <input type="checkbox"/> Pipe/Conduit/Profile/Tube | <input type="checkbox"/> Pultrusion |
| <input type="checkbox"/> Bonding | <input type="checkbox"/> Sheet | <input type="checkbox"/> R&D facility |
| <input type="checkbox"/> Calendering | <input type="checkbox"/> Fabrication of plastics | <input type="checkbox"/> Reinforced Composites |
| <input type="checkbox"/> Casting | <input type="checkbox"/> Foam molding | <input type="checkbox"/> RIM |
| <input type="checkbox"/> Compounding | <input type="checkbox"/> INJECTION MOLDING | <input type="checkbox"/> Rotational molding |
| <input type="checkbox"/> Compression molding | <input type="checkbox"/> Laminating | <input type="checkbox"/> Thermoforming |
| <input type="checkbox"/> None | <input type="checkbox"/> Mold or die making | <input type="checkbox"/> Vacuum Forming |
| <input type="checkbox"/> Other process (Please explain): _____ | | |
| <input type="checkbox"/> Approximate number of molding machines: _____ | | |

2. Do you have our latest molding accessory catalog? _____

3. Should we add your company name to our mailing list? _____

4. Do you have other locations doing plastic molding? _____
(If yes, please give us the addresses below).

5. Please list your complete **MAILING** information below (we may call you to verify).

COMPANY NAME: _____

STREET: _____

CITY: _____ STATE/ _____ COUNTRY: _____ ZIP: _____

P.O. BOX: _____ CITY: _____ STATE/ _____ COUNTRY: _____ ZIP: _____

PROVINCE _____ PROVINCE _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR NAME: _____ TITLE: _____

Form Completed By: _____

Date: _____



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