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?

- ☐ Assembly of plastic parts
- ☐ **BLOW MOLDING**
  - ☐ Extrusion Blow molding
  - ☐ Injection Blow molding
  - ☐ Stretch Blow molding
- ☐ Bonding
- ☐ Calendering
- ☐ Casting
- ☐ Compounding
- ☐ Compression molding
- ☐ None
- ☐ Decorating/Finishing
- ☐ **EXTRUSION**
  - ☐ Blown/Cast Film, Bags
  - ☐ Coating, Web
  - ☐ Pipe/Conduit/Profile/Tube
  - ☐ Sheet
- ☐ Fabrication of plastics
- ☐ Foam molding
- ☐ **INJECTION MOLDING**
- ☐ Laminating
- ☐ Mold or die making
- ☐ University, School
- ☐ Plastic Coating, Printing
- ☐ Machining, Plastics
- ☐ Packaging, Plastics
- ☐ Recycling, Plastics
- ☐ Pultrusion
- ☐ R&D facility
- ☐ Reinforced Composites
- ☐ RIM
- ☐ Rotational molding
- ☐ Thermoforming
- ☐ Vacuum Forming
- ☐ **OTHER PROCESS** (Please explain):_____
- ☐ 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/PROVINCE: _____ COUNTRY: _____ ZIP: _____

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

TELEPHONE: _____ FAX: _____ EMAIL: _____

YOUR NAME: _____ TITLE: _____

PRODUCTS OF INTEREST: _____

Form Completed By: _____

Date: _____

PLASTIC PROCESS EQUIPMENT, INC.

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