



Application Form/ Mold Level

BERTHOLD TECHNOLOGIES USA, LLC
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Company Name	<input type="text"/>		
Contact Name	<input type="text"/>	Contact E-mail	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Fax	<input type="text"/>
Street or P.O. Box	<input type="text"/>		
City	<input type="text"/>	State/Province, Post Code	<input type="text"/>
Country	<input type="text"/>	Date	<input type="text"/>
Project Name	<input type="text"/>		

Casting Specifications

Mold Manufacturer	<input type="text"/>
Number of Strands	<input type="text"/>
Type of Cast (billet, bloom, slab)	<input type="text"/>
Type of Control (speed, stopper rod, slide gate)	<input type="text"/>
Measurement Range(s)	<input type="text"/>
Lubrication	<input type="text"/>
Magnetic Stirring	<input type="text"/>

Product Sizes and Casting Speeds (please specify units)

Size of Product 1	<input type="text"/>	Speed MIN and MAX	<input type="text"/>
Size of Product 2	<input type="text"/>	Speed MIN and MAX	<input type="text"/>
Size of Product 3	<input type="text"/>	Speed MIN and MAX	<input type="text"/>
Size of Product 4	<input type="text"/>	Speed MIN and MAX	<input type="text"/>
Size of Product 5	<input type="text"/>	Speed MIN and MAX	<input type="text"/>

Cross sectional mold drawings showing materials, dimensions and requested measuring range are mandatory to provide accurate calculations.

Special Notes and Descriptions

Required Delivery Time _____