

# INQUIRY FOR YOUR

## PLASTICS ULTRASONIC WELDING APPLICATION

Company:

Street:

Zip:

Telephone:

E-Mail:

Main contact:

Country:

City:

Fax:

### [1] Project

Name

Parts / year

Variants

Cycle time

### [2] Joint part

Name

Material

Filler material

Surface properties

Number of cavities

### [3] Assembly part

Name

Material

Filler material

Surface properties


Number of cavities


### [4] Assembly component (optional)


Name


Material


### [5] Application

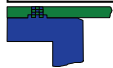
Welding 

Staking   
 Number of stakes   
 Dimensions of pins

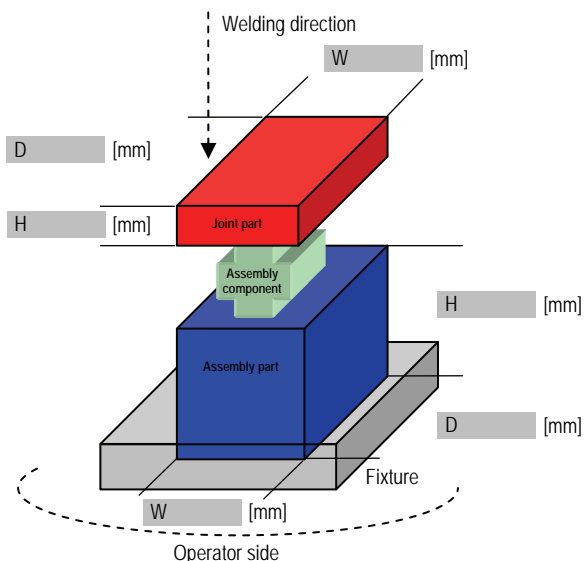
Spot Welding   
 Number of spots   
 Dimensions of spots

Swaging 

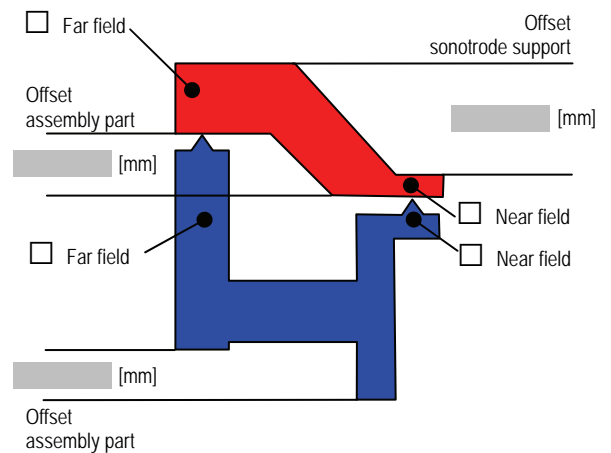
Inserting   
 Number of inserts   
 Dimensions of inserts

Embedding   
 Number of spots   
 Dimensions of spots

others



### [6] Joining area and support



## [7] Requirements

Which demands are made to the product?

- Strength (tensile strength, drop or shear test) [N]

- Appearance (weld flash / marking permitted)

- Hermetic seal (like water or air pressure test) [bar]

- Dimensional accuracy (functional dimension, rotation...)

- Functional requirement

## [8] Other comments on parts to be joined

## ADVICE

Please mark your application and if possible try to fill in the blanks on the inquiry.

For inquiry calls or fast requests our sales engineers or our application engineers can be reached on by below listed telephone or fax number any time.

Please note that the explanations and the outlines of your application can be very helpful for a fast examination and an easier technical consultation.

We also offer you to do some initial study to check the feasibility of ultrasonic welding.

Please send your materials and a short description of your application and requests to the given below address.

Your ultrasonic specialist

