



General Automatic Transfer Co.
100 Larkin Williams Industrial Ct.
St. Louis, MO 63026

636-343-6370 (Phone) 636-343-6972 (Fax)

CUSTOMER SURVEY

ATTENTION: _____ DATE: _____

REPORT FROM: _____ REF: _____

PROPOSAL DATE RESPONSE REQUIRED: _____ ACTION REQUIRED:
PROJECT TIMING-BUDGET APPROVAL: _____ [] BUDGET QUOTE-WRITTEN
P.O. DATE: _____ [] FIRM QUOTE-WRITTEN
INSTALLATION REQUIRED: _____ [] SCALE LAYOUT

CUSTOMER

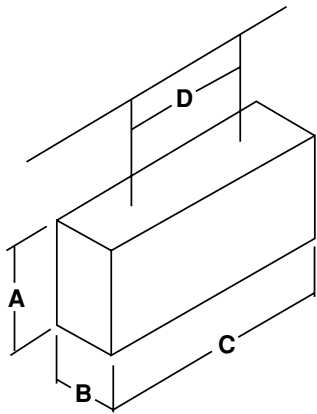
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT: _____ TITLE: _____ PHONE: _____
FAX #: _____ E-MAIL _____

PRODUCT DESCRIPTION: _____
PURPOSE OF FINISH: _____

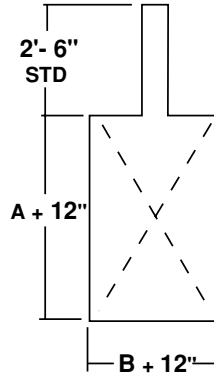
MAXIMUM DIMENSIONS AS HUNG

PORTAL INFO:

MAX. PART WGT. _____ LBS.
PARTS HUNG ON _____ CENTERS
OTHER PART CONSIDERATIONS



A = _____
B = _____
C = _____
D = _____



GENERAL INFO. [] SYSTEM [] COMPONENTS [] POWDER [] LIQUID

DESIGN CONVEYOR SPEED _____ FPM INSURANCE: [] FM [] IRI (FIA) GAS PRESSURE _____
UTILITIES: ELEC. _____ V PH _____ HZ _____ GAS: [] NATURAL [] PROPANE STEAM _____ PSIG
CHEMICAL SUPPLIER _____ PAINT SUPPLIER _____
COATING: TYPE _____ DRY MIL _____ WET MIL _____ % SOLIDS _____
PRIME _____ DRY MIL _____ WET MIL _____ % SOLIDS _____
NO. OF COLORS _____ COL CHG/DAY _____ GAL/DAY _____
SOLVENT TYPE(S) _____ TOTAL GAL/DAY _____

INSTALLATION SITE: [] NEW [] EXISTING
LOCATION _____ TYPE ROOF _____
CLEAR VERT. HEIGHT _____ BOTTOM TRUSS TO TOP ROOF _____

DRAWINGS OR SKETCHES FOR COL. LOCATION, INTERFERENCES, ETC.

ACCESS DOOR DIMENSIONS: _____

COMPETITION/SPECIAL INTEREST TO CUSTOMER: _____

INSTALLATION: _____

UNION NON-UNION

CONVEYOR ENCLOSED TRACK INVERTED ROTATORS
 X348 MESH BELT FLOOR SUPPORTS
 X458 GUARD OVERHEAD SUPPORTS
 X678 SANITARY HOOKS

PRE-TREATMENT —TUNNEL WASHER _____

IRON PHOSPHATE ZINC PHOSPHATE CHROMATE RINSE
 E-COAT PITTED FUEL _____

STAGES 1- ____/____ 2- ____/____ 3- ____/____ 4- ____/____ 5- ____/____
SEC DEG SEC DEG SEC DEG SEC DEG SEC DEG
6- ____/____ 7- ____/____ 8- ____/____ 9- ____/____ 10- ____/____
SEC DEG SEC DEG SEC DEG SEC DEG SEC DEG

DRY OFF OVEN TIME _____ TEMPERATURE _____ FUEL _____
LOCATION: FLOOR OR ROOF, BOTTOM ENTRY, FLOOR SUPPORT OR CEILING HUNG

BAKE OVEN TIME _____ TEMPERATURE _____ FUEL _____
LOCATION: FLOOR OR ROOF, BOTTOM ENTRY, FLOOR SUPPORT OR CEILING HUNG

COMBINATION OVEN TIME _____ TEMPERATURE _____ FUEL _____
LOCATION: FLOOR OR ROOF, BOTTOM ENTRY, FLOOR SUPPORT OR CEILING HUNG

POWDER COATING BOOTH

	TYPE	MANUFACTURER	QUANTITY
<input type="checkbox"/> MANUAL			
<input type="checkbox"/> AUTOMATIC			

WET SPRAY BOOTHS BY G.A.T. _____ OR BY REP. _____

	TYPE*	WIDTH	DEPTH	HEIGHT	O/C*
<input type="checkbox"/> MANUAL					
<input type="checkbox"/> AUTOMATIC					

*TYPE — W/W = WATER WASH, DF = DRY FILTER

*O/C-O = OPEN SIDE, C = CLOSED

AIR MAKE UP: FUEL: GAS: NATURAL PROPANE STEAM ____ PSIG

OTHER EQUIPMENT: STACKS WASTE WATER TREATMENT
 POWDER COATING ROOM COOLING TUNNEL

SKETCH OF SYSTEM LAYOUT:

