

Ingredient Masters, Inc. Faxable Client Information Sheet

(Please Complete Form and Fax to 513-231-3104)

Date: _____

Rep: _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Industry: _____

Current Handling Process: _____

Min # of Ingredients: _____ Max # of Ingredients: _____

Min Batch Weight (lbs): _____ Max Batch Weight (lbs): _____

Min Batch Density (cuft): _____ Max Batch Density (cuft): _____

Number of Batches Per Hour: _____ Current Batch Time (Minutes): _____

Desired Batch Time (Minutes): _____

Useable Facility Space (Size):

Length: _____ Width: _____ Ceiling Height: _____

*Special Conditions: _____

*Brief Description of Desired Operation: _____

*Important: Include a Simple Sketch for Desired Layout and Design.

Ingredient Data:

Material Name	Bulk Density (lbs/cuft)	Free Flowing (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____