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:			
6 411 111 15			
Current Handling Process:			
Min # of Ingredients:			
Min 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 Si	ketch for Desired Lay	out and Design.	
Ingredient Data:	I		I
Material Name	Bulk Density (lbs/cuft)		Free Flowing (Yes/No)