

# **QFR Zone™ - Request For Information**

(Quick Freeze Racking Zone™)

In order to be more efficient and accurate in responding to your request for information, please fill this form out completely, and a Tippmann Group representative will get back in touch with you as soon as possible.



Date: \_\_\_\_\_

## **Contact Information:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

## **Product Information:**

Pounds per day inbound \_\_\_\_\_  
Time in Hours to Freeze \_\_\_\_\_  
Pallet Height \_\_\_\_\_  
Pallet Weight \_\_\_\_\_  
Cases Per Pallet \_\_\_\_\_  
Height of Pallet Spacers \_\_\_\_\_  
Case Height \_\_\_\_\_  
Case Width \_\_\_\_\_  
Case Depth \_\_\_\_\_  
Case Weight \_\_\_\_\_  
Description of Product \_\_\_\_\_  
Temperature of Product \_\_\_\_\_  
Does the case have air holes? \_\_\_\_\_

## **Facility Information:**

New Build? \_\_\_\_\_  
Existing Building? \_\_\_\_\_  
Clear Height of Existing Building \_\_\_\_\_  
Room Dimensions / Square Feet \_\_\_\_\_  
# of Refrigeration Coils Currently \_\_\_\_\_  
In Room \_\_\_\_\_  
Estimated Coil Size / Tons \_\_\_\_\_  
Location/Address of facility where QFR Zone™ would be put in place \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Describe the timing and process of when the product is received:**

(example: 1 load per hour, first shift only; or 3 loads first shift, 3 loads 2nd shift, 2 loads third shift)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email the completed form to your Tippmann Group representative or to [QFRZone@tippmanngroup.com](mailto:QFRZone@tippmanngroup.com)  
You may also fax the completed form to (260) 490-1362  
[www.tippmanngroup.com](http://www.tippmanngroup.com)