

# QFR Zone<sup>®</sup> - Request For Information

(Quick Freeze Racking Zone<sup>®</sup>)

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<sup>®</sup> 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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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