

# SERVICE FORM

Date \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Y



## DARTON INDUSTRIAL CO., LTD.

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To obtain a quick solution to the firing in your kilns simply complete and return the form below.

### (1) COMPANY DETAILS

Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Product \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Main business lines \_\_\_\_\_

### (2) BASED ON YOUR REQUEST

#### 1. Type of kiln

 Shuttle kiln     Bell kiln     Batch kiln     Others \_\_\_\_\_

Capacity \_\_\_\_\_ Number of kilns \_\_\_\_\_

 Tunnel kiln     Roller hearth kiln     Pusher kiln     Others \_\_\_\_\_

Capacity \_\_\_\_\_ Number of kilns \_\_\_\_\_ Length of kiln \_\_\_\_\_

#### 2. Type of firing

 Fast firing     Conventional firing

 Glost firing     Biscuit firing     Decoration firing     Others \_\_\_\_\_

 Atmosphere firing     Microwave firing

#### 3. Type of fuel

 LPG     LNG

 Light Oil     Heavy Oil     Diesel oil

 Electricity     Others \_\_\_\_\_

## 4. Programme of firing

- Max temperature \_\_\_\_\_ °C     Cycle time from cool to cool \_\_\_\_\_ hrs  
 Heating time from cool to the highest temperature \_\_\_\_\_ hrs  
 Soaking time \_\_\_\_\_ hrs  
 Cooling time from the highest temperature to cool \_\_\_\_\_ hrs  
 Rapid heating rate \_\_\_\_\_ °C / min  
 Rapid cooling rate \_\_\_\_\_ °C / min  
 Object of firing \_\_\_\_\_  
 Loading weight on kiln furniture for per unit \_\_\_\_\_ kg

## 5. Type of the current kiln furniture

- SiC     RSiC     NSiC     SiSiC  
 Sandwich     Mullite     Cordierite     Cordierite Mullite     Alumina     Others \_\_\_\_\_

## 6. Item of kiln furniture &amp; Dimension

Shape	Quantity in demand	Original from
<input type="checkbox"/> Beam _____	_____ Pcs.	_____
<input type="checkbox"/> Support _____	_____ Pcs.	_____
<input type="checkbox"/> Batt _____	_____ Pcs.	_____
<input type="checkbox"/> Setter _____	_____ Pcs.	_____
<input type="checkbox"/> Slab _____	_____ Pcs.	_____

7. **Related to the programme of firing above-mentioned, we would like to request some free samples for the purpose of testing.**

Item of sample \_\_\_\_\_

Dimension of sample \_\_\_\_\_

Yes, a similar size is acceptable only with limitation in the size of \_\_\_\_\_

No, a similar size is not accepted only with the original size of \_\_\_\_\_

8. **Please deliver your samples within \_\_\_\_\_ days to the person and detail of place as below**

Company \_\_\_\_\_

Address \_\_\_\_\_

Person \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

9. **Remark:**