

Applications Questionnaire

Customers Information:

Company:	
Address:	
City, State, Zip:	
Phone / Fax:	
Email:	

Contact:	
Title:	

Distributor Information:

Company:	
Address:	
City, State, Zip:	
Phone / Fax:	
Email:	

Contact:	
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Application Specifications:

Dimensional Information	1. Material	2. Material	3. Material	4. Material	Comment:
<i>Solid Material – Round</i>					
<i>Solid Material - Square</i>					
<i>Tube Material - Round</i>					
<i>Tube Material - Square</i>					
(Circle One Below:)					
<i>Steel/Alum/Copp/Brass</i>					
<i>Grade of Material</i>					
(Specifics of Cut:)					
<i>Cut off Length</i>					
<i>Tolerance Expected</i>					
<i>Bar Stock Length</i>					
(Specifics of Shift:)					
<i>Annual Pieces</i>					
<i>Pieces per Shift</i>					
<i>Pieces per Hour</i>					
<i>Bundle Size (w x h x l)</i>					
<i>Work Hours /Day</i>					
<i>Number of Weeks/Year</i>					

Please attach drawings of the parts if available. If the part is an irregular shape, a drawing of the part is critical.

Salesman:	
Contact Date:	
Expected Purchase Date:	