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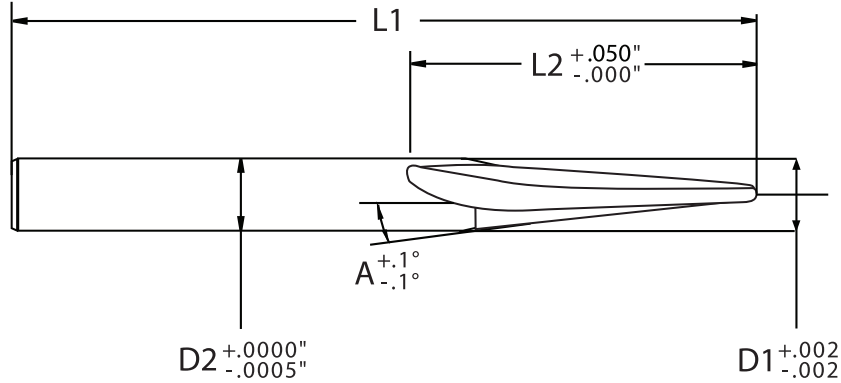
To ensure the accuracy of your order, please fill out this form completely and fax it to: 616.531.7742. If you have any questions, please contact us. Our experts are available to consult with your team and design the tool to your exact specifications. Providing us with all the information we need will help us get you the tool you need expeditiously. Industry standard is to manufacture one additional tool to allow for errors in production. Should no errors occur, we will bill and ship the additional tool.

SELECT MATERIAL:

- ☐ **HSS** High Speed Steel (M-2)
- ☐ **CO** Cobalt (M-42)
- ☐ **CB** Sub-Micron Grain Carbide
- ☐ **MC** Ultra-Fine Grain Carbide

OPTIONAL MATERIAL:

- ☐ **M4** PM-M4
- ☐ **M48** PM-M48
- ☐ **T15** PM-T15



SELECT COATING:

- ☐ **TiN** TiN (Titanium Nitride)
- ☐ **TiCN** TiCN (Titanium Carbon Nitride)
- ☐ **TiAlN-X** TiAlN-X (Titanium Aluminum Nitride)
- ☐ **AlTiN-X** AlTiN-X (Aluminum Titanium Nitride)
- ☐ **AlTiN-Si3N4** AlTiN-Si3N4 (Aluminum Chromium Nitride Nano)
- ☐ **AlCrN-Si3N4** AlCrN-Si3N4 (Aluminum Titanium Nitride/Silicon Nitride)
- ☐ **ZrN** ZrN (Zirconium Nitride)
- ☐ **TiB2** TiB2 (Titanium Diboride)

TOOL DIMENSIONS

DIMENSION	DESCRIPTION	MEASUREMENT	NON-STANDARD TOLERANCE
D1	Shank Diameter		+ -
D2	Tip Diameter		+ -
L1	Overall Length		+ -
L2	Length of Cut		+ -
R	*Radius		+ -
A	Angle Per Side		+ -
	# of Flutes		

*Corner radius measurement only. If square, leave blank. If ball end, write "ball end".

TOOL DESIGN

Workpiece Material: _____ Application: _____

Customer Part Number: _____

Helix Angle: ☐ Straight ☐ Slow ☐ Standard ☐ High ☐ Customer Specified: _____ °

Helix Options: ☐ Variable Index ☐ Variable Helix ☐ Variable Pitch ☐ Chip Breakers

Helix Spiral: ☐ *RH Spiral, RH Cut ☐ *LH Spiral, RH Cut ☐ *LH Spiral, LH Cut ☐ *LH = Left Hand
*RH = Right Hand

Shank Options: ☐ Plain Shank ☐ Single Weldon ☐ Double Weldon ☐ Full Flat

*QUANTITY: _____ *DUE DATE: _____

*Minimum order may apply *Rush delivery options available

Notes: _____

END USER / SHIPPING INFORMATION

Contact: _____

Company: _____

Address: _____

Phone / Fax: _____

Email: _____

DISTRIBUTOR / BILLING INFORMATION

Contact: _____

Company: _____

Address: _____

Phone / Fax: _____

Email: _____

INTERNAL USE ONLY

REVISIONS	DIMENSIONS	OLD	NEW	REASON/DESCRIPTION	DATE	BY
A						
B						
C						
Received By: _____			Quoted By: _____		Returned By: _____	
Price / Piece: _____			Delivery Date: _____		Shipped Date: _____	
Estimate #: _____			Purchase #: _____		Sales Order #: _____	