

Tooling Request for Quotation Worksheet



TOOLING REQUEST FOR QUOTATION WORKSHEET

Company: _____

Ship to Address: _____

Type of Industry: _____

City, State, ZIP: _____

Contact: _____

Phone: _____

Title: _____

Fax: _____

Date: _____

Tooling Required Date: _____

Quotations Required Date: _____

Machine Model

Model: _____

___ Right Hand (Clockwise)

___ Special Mount / Special Machine Options

S/N: _____

___ Left Hand (Counter/Clockwise)

Describe: _____

Other: _____

Turn Key Project: Y or N

(Y)___ Print included

___ Mandrel Bending

Type of Material Bending: _____

(Y)___ Sample Included

___ Elliptical

(Y)___ Applications Review Req'd

___ Non-Interlocking

Special Material Finish Req'd: Y or N

(Y)___ Applications Review Included

___ Interlocking

(Y) Explain: _____

(Y)___ Any Additional Info Provided

___ Other Describe _____

TOOL TYPE

REQUIRED INFORMATION

SPECIALS

BEND DIE	Tube OD	Wall	CLR	Max DOB _____ Spring Back compensated Y or N (Y)_____	Type _____ Special Interlock Y or N (Y)_____	Grip Length _____ Reversible Y or N	FINISH _____ Carbinate #_____ Flame Spray #_____ Serrated EF, F, M, C Polished_____ Other_____
CLAMP DIE	Tube OD			Length	Type _____ Special Interlock Y or N (Y)_____	Reach Adjusted Y or N	FINISH _____ Carbinate #_____ Flame Spray #_____ Serrated EF, F, M, C Polished_____ Other_____
PRESSURE DIE	Tube OD			Max DOB _____ or Specific Length _____	Type _____ Special Interlock Y or N (Y)_____	Reach Adjusted Y or N (Y) CLR__	FINISH _____ Carbinate #_____ Flame Spray #_____ Serrated EF, F, M, C Polished_____ Other_____
WIPER DIE	Tube OD		CLR	Special Length Y or N (Y)_____	Material A/B or Steel Other_____	Lube Y or N	Aircraft Spec Y or N
MANDREL Ball Mandrels less than .312" OD can bend 2 D minimum	Tube OD	Wall	Thread size _____	Length _____	Material A/B or Stl/Chrome Other_____	# Balls _____ Pitch Std. Pitch Close Pitch E Close Pitch	Aircraft Spec Y or N

Please email to your sales person, or fax form to (574) 522-3992.

Attach additional information such as part print as required

435 Roske Drive, Elkhart, IN USA, 46516

Phone (574) 295-5041

Fax (574) 522-3992



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Fax (574) 522-3992

