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Company: _____
Address: _____
Contact person: _____
Postcode, Location: _____
Department: _____
Phone: _____
Fax: _____
Date: _____
filled in by: _____

Details for free-of-charge trials

Please fill in this form and send it to us together with the sample parts so that we are able to make trials with the required processing result. We like to thank you in advance for your co-operation.

General Data:	
<input type="checkbox"/> New application	Workpiece:
<input type="checkbox"/> Additional trial	Material:
Previous trial	Dimension:
No.:	Weight:

Manufacturing Process:		
<input type="checkbox"/> Turning	<input type="checkbox"/> Stamping	<input type="checkbox"/> Forged part
<input type="checkbox"/> Milling	<input type="checkbox"/> Deep-drawing	<input type="checkbox"/> Diecasting
<input type="checkbox"/> Drilling	<input type="checkbox"/> Casting	<input type="checkbox"/> Other:

Actual Processing Technique:	
<input type="checkbox"/> Manually	<input type="checkbox"/> Surface finishing with:
<input type="checkbox"/> Shot-blasting	Machine type:
<input type="checkbox"/> Polishing	Media:
<input type="checkbox"/> Belt grinding	Compound:
<input type="checkbox"/>	Process time:

How is the effluent treated at present?	<input type="checkbox"/> centrifugal recycling
	<input type="checkbox"/> going to drain

Our requirements are especially focused on:	
<input type="checkbox"/> Edge breaking	<input type="checkbox"/> Surface ready for electroplating
<input type="checkbox"/> Deburring	<input type="checkbox"/> Surface roughness
<input type="checkbox"/> RADIUSING	<input type="checkbox"/> Corrosion protection
R = mm	R _a /R _z =
<input type="checkbox"/> Descaling	<input type="checkbox"/> Long-term corrosion-protection
<input type="checkbox"/> Removal of furrows.	<input type="checkbox"/>
<input type="checkbox"/> Clean surface	
<input type="checkbox"/> Bright surface	
<input type="checkbox"/> Shiny surface	

! Please enclose a pilot sample !

Quantities to be treated:	
Pieces	
per <input type="checkbox"/> day / <input type="checkbox"/> month:	
Bulk volume	
per <input type="checkbox"/> day / <input type="checkbox"/> month:	
Shifts:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Remarks: