

DATE



# Autofacer® Application Assessment Form

\* ALL FIELDS IN RED REQUIRE A VALUE OR "N/A"

I would like to schedule an on-site visit to review this application.

## CONTACT INFORMATION

CONTACT

TITLE

EMAIL  PHONE

DISTRIBUTOR  CONTACT

COMPANY NAME

STREET ADDRESS

CITY  POSTCODE

## APPLICATION INFORMATION

JOB CURRENTLY IN PRODUCTION?  YES  NO

DELIVERY REQUIREMENTS

If this is a current job, what is the current process and what difficulties are you encountering?

## MACHINE INFORMATION

MAKE/MODEL

SPINDLE TYPE (CAT50, HSK63, ETC.)

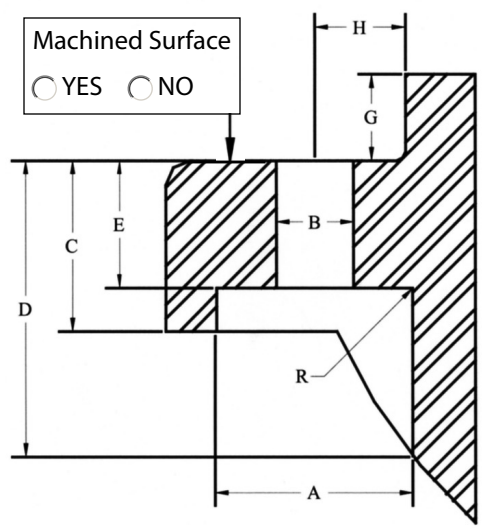
QUILL TYPE

YES  NO

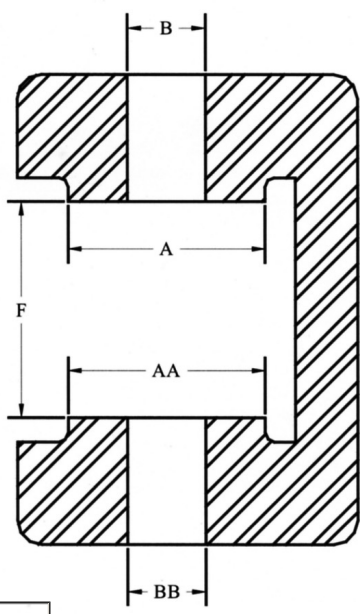
THROUGH TOOL COOLANT:  NONE  SPINDLE  FLANGE

COOLANT PRESSURE

## WORKPIECE INFORMATION



Direction of entry ↓



A  +/-

B  +/-

C  D

E  R

AA  +/-

BB  +/-

G  F

H

INDUSTRY

PART NAME

ANNUAL VOLUME

PART #

MATERIAL

GRADE

HARDNESS

NOTES: