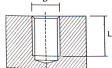
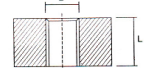





CUSTOM TOOL REQUEST FORM - HSS TAPS

Customer:			
Customer Name		Date	
Address:			
Contact Person:			
Contact No.	Tel. _____	Mobile: _____	
Email : _____			
Tap Details:		Work material Details:	
Tap Size :		Component Name:	
Tolerance/Gauge Details:		Material Type:	
Standard:		Hardness:	
Tap Dimensional Details (For Special)		Tensile Strength	
Pre Tapping Hole			
Type Of Hole			
<input type="checkbox"/> Drilled	<input type="checkbox"/> Reamed	<input type="checkbox"/> Punched	<input type="checkbox"/> Cast
<input type="checkbox"/> Blind Hole	<input type="checkbox"/> Through Hole	<input type="checkbox"/> Stepped Hole	
			
Drill /Hole Dia	Hole Depth:	Thread Depth:	
Machine Details			
Machine make/ Type :			
Operation:	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Angular
	<input type="checkbox"/> Hand Tapping	<input type="checkbox"/> Machine Tapping	
Type Of Tap Holder:	<input type="checkbox"/> Rigid Type	<input type="checkbox"/> Floating Type	<input type="checkbox"/> Collect Chuck
Cutting Speed	_____RPM	_____M/Min	M/c Power:_____hp
Lubrication	<input type="checkbox"/> Oil	<input type="checkbox"/> Water Soluble	<input type="checkbox"/> Brush
	<input type="checkbox"/> Air/Dry	<input type="checkbox"/> Other	
Type Of Chips:	<input type="checkbox"/> Continuous	<input type="checkbox"/> Semi Continuous	<input type="checkbox"/> Short
	<input type="checkbox"/> Powder		
Coatings:	<input type="checkbox"/> Tin	<input type="checkbox"/> TiAIN	<input type="checkbox"/> TiCn
	<input type="checkbox"/> Other		
Current Supplier's Detail			
Tool Make:		Consumption/mth.: _____	
Tool Size: _____		Tool Price: _____	
Tool Life : _____		Cost Per Component: _____	
Additional Information if any:			
Sales Engineer		Branch Manager	
DSO:			

Technical data provided should be considered advisory only as variations may be necessary depending on the particular application.