

# Enquiry form for milling operations



Please send to:

**MAPAL Inc.**  
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Company		Customer number (if available)
Contact partner	Department	
Address		
E-Mail	Tel./Fax	
Technical consultant	Enquiry No.	Date

Component	Machine	Tool
Description	Manufacturer/type/machining centre/transfer line	Type
Material	Type <input type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> multi-spindle/___ No.	Tool No.
Cutting depth/allowance (mm)	Variable spindle speed <input type="checkbox"/> Yes <input type="checkbox"/> No	Diameter/tolerance (mm)
<input type="checkbox"/> Face milling <input type="checkbox"/> Circular milling <input type="checkbox"/> Climb milling <input type="checkbox"/> Conventional milling	Variable feed <input type="checkbox"/> Yes <input type="checkbox"/> No	Blade length (mm)
Quality to be achieved	Max. spindle speed (min <sup>-1</sup> )	Cutting over centre <input type="checkbox"/> Yes <input type="checkbox"/> No
Surface quality	Power (kW)	Coolant <input type="checkbox"/> internal <input type="checkbox"/> external
Flatness (µm)	Spindle accuracy (µm)	Shank (HSK, ABS/Weldon, etc.) Size/form
	Spindle location	Other adaptors/holders
	Coolant <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Coolant supply <input type="checkbox"/> external <input type="checkbox"/> through spindle	
	Type <input type="checkbox"/> oil <input type="checkbox"/> emulsion	
	Coolant pressure (bar)	

Other notes (Drawing No., workpiece/tool)