

DATA SHEET



MAPAL, Inc.
 Precision Cutting Tools
 4032 Dove Road
 Port Huron, Mi. 48060
 Phone : (810) 364-8020
 Fax : (810) 364-3378

Customer:
 Street:
 City:
 Contact:
 Phone:
 Fax:
 E-mail:

MAPAL Salesman:	Date:	Rep. No.:	Quote No.:	Representative Firm:
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Part Description: (Bore no.)	End User:
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Tool/Tool Type:	Part Print Information	Machining Information
Padded <input type="checkbox"/> PCD <input type="checkbox"/> Carbide <input type="checkbox"/> ISO <input type="checkbox"/> HFS System <input type="checkbox"/>	Material:	Machine type:
Tool O.A.L.:	Hardness:	Machining position:
Max. Tool Weight: _____	Customer Requested Target Diameter: _____	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/>
Moment/Torque Requirement:	Part Print Diameter:	
Insert:	Tolerance:	Machining data:
Lead (use standard lead whenever possible):	Surface finish Required:	Variable speed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Insert/Material coating:		Variable feed : Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bore length:	Feed: Mech. <input type="checkbox"/> Hydr. <input type="checkbox"/>
Tool shank:	Through bore: <input type="checkbox"/> Blind Hole: <input type="checkbox"/>	SFPM = V =
	Step Bore: <input type="checkbox"/> # of Steps:	RPM = N =
Style:	Interruptions: Yes <input type="checkbox"/> No <input type="checkbox"/>	Feed/Rev. = S =
HSK <input type="checkbox"/> ABS <input type="checkbox"/>	Depth of cut =	Machining time:
Cyl. <input type="checkbox"/> Dia.: Lg:	Bore preparation:	Tool: rotating <input type="checkbox"/> stationary <input type="checkbox"/>
	Solid <input type="checkbox"/> Drilled <input type="checkbox"/> Bored <input type="checkbox"/>	Coolant type:
Tool holder type used:		Coolant: Central <input type="checkbox"/> Flood <input type="checkbox"/>
Cat: <input type="checkbox"/> Bt: <input type="checkbox"/> HSK: <input type="checkbox"/>		Coolant pressure:
Other:	Part print supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will floating holder be used: Yes <input type="checkbox"/> No <input type="checkbox"/>	CAD drawing required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Process sheets supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>
Model#	Paper size: A, B, C, D IGES <input type="checkbox"/> DXF <input type="checkbox"/>	Station Layout supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>
Reduction sleeve #:	Customer Paper required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tool drawing supplied: Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS: _____

Send tools to:	Send quote to:
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Quote requested by:	Send Quote E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/>
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