



Request for Technical Assistance

Date: _____
 Name: _____
 Business: _____
 Address: _____

 E-mail: _____
 Phone: _____
 Fax: _____
 Best Way to Contact: _____
 Best Time to Contact: _____

MAPAL Sales Rep (if known): _____
 Customer Type: _____
 MAPAL Product: _____
 Additional Information: _____

 Any Prints Included: _____
 Type of Assistance: _____

Details of Assistance Needed:

Machining Information		
Coolant Used	Machine Type	Toolholding
Oil- Straight	Horizontal Machining Center	HSK C Style
Specific Coolant / Concentration	Specific Machine	Specific Holder
Coolant Pressure	Variable Speed and Feed	Toolholding Method
Coolant Supply	Feed Type	Fixturing / Rigidity

Material Information		
Material To Be Tested		
Specific Material Details	Material Hardness Value	Material Surface

Application Information		
Interruptions	Engagement / Disengagement	Tolerance Requirement
	Entry Angle	
	Exit Angle	
Tool Life	Cycle Time	Finish Requirement