

# Solid carbide twist drill (single diameter)



Please copy, complete and return (only 1 tool per enquiry questionnaire/order).

Enquiry  Order

Company		Customer number (if available)
Contact partner	Tel./Fax	E-Mail
Address		

**MAPAL Inc.**  
 4032 Dove Road  
 48060 Port Huron MI  
 USA  
 Phone +1 / 8 10 / 3 64 80 20  
 Fax +1 / 8 10 / 3 64 47 50  
 info@us.mapal.com  
 www.mapal.us

Number of drills \_\_\_\_\_ Delivery date required (non-binding) \_\_\_\_\_ Week

Please describe your machining task for us and the special tool you require:

Type of machining:

Bore:  Through hole  Blind bore

Machining method:  wet  dry  min.lubrication

Coolant supply:  Ext.  Int.

Material to be machined:

<input type="checkbox"/> Unalloyed steel	<input type="checkbox"/> Aluminium (Si content > 10 %)
<input type="checkbox"/> Cast steel	<input type="checkbox"/> Aluminium (Si content < 10 %)
<input type="checkbox"/> Alloyed steel	<input type="checkbox"/> Copper
<input type="checkbox"/> Inox	<input type="checkbox"/> Brass
<input type="checkbox"/> Stainless/acid-resistant steel	<input type="checkbox"/> Bronze
<input type="checkbox"/> Grey cast iron	<input type="checkbox"/> Titanium alloys
<input type="checkbox"/> Alloyed grey cast iron	<input type="checkbox"/> Nickel alloys
<input type="checkbox"/> Nodular iron	<input type="checkbox"/> Chilled cast iron
<input type="checkbox"/> CGI	<input type="checkbox"/> Hardened steel
<input type="checkbox"/> Malleable iron	<input type="checkbox"/> _____

Hardness (HRC, HB, etc.): \_\_\_\_\_ Tensile strength (N/mm<sup>2</sup>): \_\_\_\_\_ Standard: \_\_\_\_\_ Standard No.: \_\_\_\_\_

MAPAL code (e.g. M2105, if known): \_\_\_\_\_

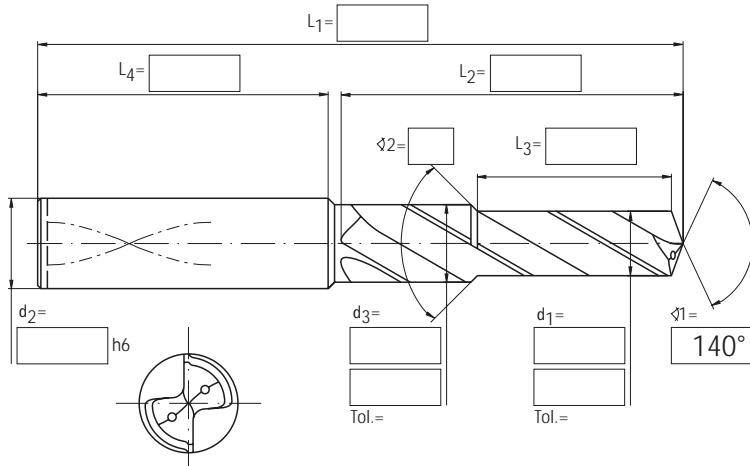
Cutting direction:  R.H.  L.H.  
 (if not stated we will assume R.H.)

Coating:  
 (if you wish to choose yourself)

- MxF
- MxH
- TiAlN
- uncoated
- \_\_\_\_\_

Shank form:

- HA (DIN 6535)
- HB (DIN 6535)
- HE (DIN 6535)



Date \_\_\_\_\_ Signature \_\_\_\_\_

Please do not write in this box, which will be completed by MAPAL specialists.

Groove form: <input type="checkbox"/> MEGA	Coating: <input type="checkbox"/> MxF	Radial land on face: <input type="checkbox"/> Radial land on taper surface
<input type="checkbox"/> GG	<input type="checkbox"/> MxH	<input type="checkbox"/> Radial land on 4 faces
<input type="checkbox"/> ALU	<input type="checkbox"/> TiAlN	
<input type="checkbox"/> INOX	<input type="checkbox"/> uncoated	<input type="checkbox"/> Round point
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Spiral point

Blank (MC): \_\_\_\_\_