



Guaranteed Test/Demo Application Form

Distributor PO # _____

The following must be filled out completely before test will be considered

Distributor: _____	End User: _____
Contact: _____	Contact: _____
Account Number: _____	Industry: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Current Process

 List all tooling, coatings, substrates, speeds and feeds, tool life and any problems

Test Objective

 List what would make this a successful test (i.e. Penetration Rate, Finish, Tool Life, Hole Size, etc.)

Application Information

Hole Diameter: _____ in/mm	Tolerance: _____	Material: _____ (4150/A36/Cast Iron/etc.)
Pre-existing Diameter: _____ in/mm	Depth of Cut: _____ in/mm	Hardness: _____ (BHN/Rc)
Required Finish: _____ RMS	Material State: _____ (Casting/Hot Rolled/Forging)	

Machine Information

Machine Type: _____ (Lathe/Screw Machine/Machine Center, etc.)	Builder: _____ (Haas/Mori Seiki, etc.)	Model#: _____
Shank Required: _____ (CAT50, Morse Taper, etc.)	Rigidity: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	Tool Rotating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Power: _____ HP/KW	Orientation: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	
Thrust: _____ Lbs./N		

Coolant Information

Coolant Delivery: _____ (Through Tool/Flood)	Coolant Pressure: _____ PSI/bar
Coolant Type: _____ (Air Mist/Oil/Synthetic/Water Soluble, etc.)	Coolant Volume: _____ GPM/LPM

Requested Tooling

QTY	Item Number	QTY	Item Number

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