



Please email the completed form to:  
**your local FSE (if applicable) or [appeng@alliedmachine.com](mailto:appeng@alliedmachine.com).**

Please include any prints for the part (specify the feature) and/  
or tool for this project. More information will help ensure proper  
tooling for this quote.

**LOGIN TO DOWNLOAD AND  
COMPLETE THIS FORM OFFLINE:  
[alliedmachine.com/SuperionQuoteForm](http://alliedmachine.com/SuperionQuoteForm)**

Name	
FSE (if applicable)	

**Please fill in the fields below completely for a quote to be processed.**

### Distributor Information

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### End User Information

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Industry: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Superion Objective** What issue(s) are we solving? (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	State: _____	(Casting / Hot rolled / Forging)

### Machine Information

Machine Type: _____ (Lathe / Screw machine / Machine center / etc.)	Builder: _____ (Haas, Mori Seiki, etc.)	Model #: _____
Shank Required: _____ (Cylindrical / Whistle Notch / Tang / etc.)	Power: _____ HP/KW	
Rigidity: _____	Orientation: _____	Tool Rotating: _____
<input type="checkbox"/> Excellent	<input type="checkbox"/> Vertical	<input type="checkbox"/> Yes
<input type="checkbox"/> Good	<input type="checkbox"/> Horizontal	<input type="checkbox"/> No
<input type="checkbox"/> Poor		Thrust: _____ lbs/N
		Max Spindle Speed: _____ RPM

### Coolant Information

Coolant Delivery: _____ (Through tool/Flood)	Coolant Pressure: _____ PSI / bar
Coolant Type: _____ (Air mist, oil, synthetic, water soluble, etc.)	Coolant Volume: _____ GPM / LPM

**Current Process** Is this a new project? Yes \_\_\_ No \_\_\_ (If selected no, please fill the box out below)

Current Tooling: _____ (Manufacturer / Item Number)	Current Tool Life: _____ Holes _____ Parts _____ Inches
Current Speeds and Feeds: _____	Current Coating/Substrate: _____

### Notes:

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