

### Contact Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

### Workpiece and Production Volume

Detail: \_\_\_\_\_  
 Quantity of tools: \_\_\_\_\_  
 Volume of production: \_\_\_\_\_ pcs/year




### Workpiece Material

- ☐ Structural steel, good machinability ☐ Grey cast iron, malleable  
☐ Hardened steel ☐ Nodular cast iron  
☐ Tool steel ☐ Aluminum (<10% Si)  
☐ Stainless steel ☐ Aluminum (>10% Si)  
☐ Other \_\_\_\_\_ ☐ Copper, bronze

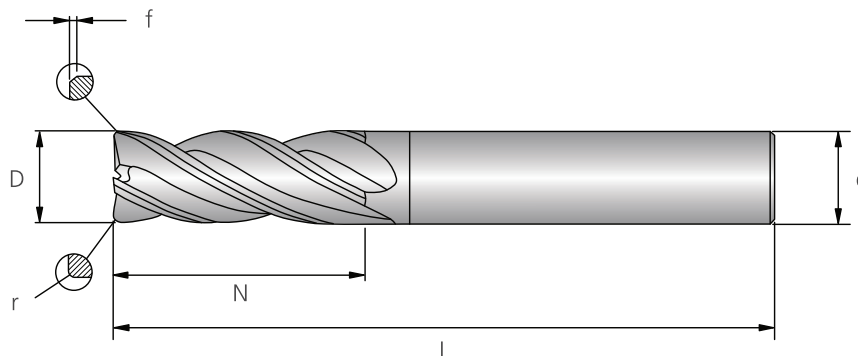
### Coolant Supply

- ☐ Through spindle  
☐ Flood

### Straight Shank DIN 6535

- ☐ HA   
☐ HE   
☐ HB 

Material code \_\_\_\_\_ Tensile strength (N/mm<sup>2</sup>) \_\_\_\_\_ Hardness (HRC, HB, HV,...) \_\_\_\_\_



### Tool Information - specify inch or metric

	Tool Dimension	Tool Tolerance	Workpiece Tolerance
D = Diameter			
d = Shank diameter			
L = Overall length			
N = Milling depth			
f = Corner chamfer			
r = Corner radius			

Helix angle	30	40	45
# of Cutting edges			
Tapered end mill	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
End face cutting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flat end face	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please sketch workpiece below:

