

Inquiry form (Milling tools)

Customer/Number _____	Date _____
commission/department _____	
contact person _____	
address _____	quantity tools _____
Tel/Fax _____	
E-Mail: _____	Requested delivery time _____


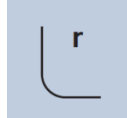

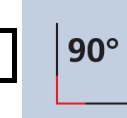
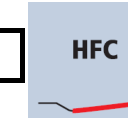

Performance class / tool material

Carbide

HM <input type="checkbox"/>	<small>Base-X</small> B <input type="checkbox"/>	<small>X-Generation</small> X <input type="checkbox"/>	<small>Favora®</small> F <input type="checkbox"/>	HSS <input type="checkbox"/>	other <input type="checkbox"/>
------------------------------------	--	--	---	-------------------------------------	---

Form of the front cutting edges

other

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	<input type="checkbox"/>
---	---	---	---	---	---	---

Form of the shank

Interface I (NovoSys) <input type="checkbox"/>	straight shank <input type="checkbox"/>	Pericool <input type="checkbox"/>	Shank with clamping flat <input type="checkbox"/>	other <input type="checkbox"/>
--	---	-----------------------------------	---	---

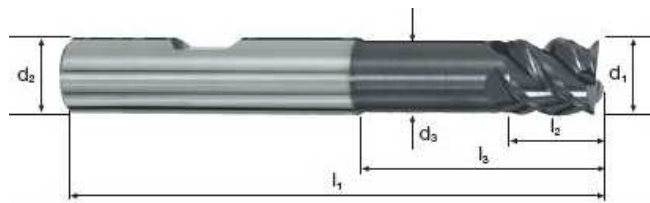
Dimension Technology

reference articles _____

cutting direction _____

internal cooling _____

Coating _____



d1 _____

d2 _____

d3 _____





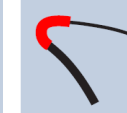


L1 _____

L2 _____

L3 _____

R _____

Zz _____

Vario 						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

suitable for the machining of

material _____

strength _____

sketch