



Ercolina® Non-Mandrel Rotary Draw Tooling Order Form For Tube or Pipe

Customer To Complete Shaded Section And Fax To 563-391-7710

Company Name: _____ Contact: _____ Date: _____

Address: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Distributor Name: _____ Contact: _____

Material Specifications for Tube or Pipe:

A. Outside Diameter _____

B. Inside Diameter _____

C. Wall Thickness: _____

Material Type and Grade: _____

Center Former Information:

D. Centerline Radius (CLR): _____

E. Minimum Distance Between Bends: _____

F. Maximum Degree of Bend: _____

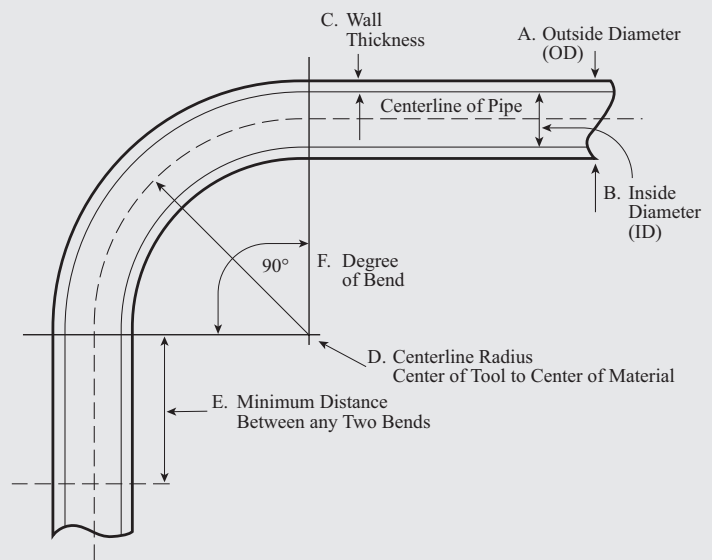
General Information:

Number of Bends Per Day: _____

Prints Supplied: _____ Yes _____ No

Sample Material Supplied: _____ Yes _____ No

Bend Terminology



I have reviewed the above information for accuracy and confirm it is correct. I am aware all tooling dimensions are nominal and changing material grade and/or composition will affect bend quality and final bend dimensions. Alterations made from original information will result in additional cost and may extend delivery time.

_____ Customer Signature

_____ Date

CML USA To Complete This Section

Machine and Tooling Recommendations: _____

