



# Bend Sample Information Sheet

## Contact Information

Date:

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

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

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Origin of Contact

Phone In

Internet / E-mail

Dealer Dealer Name: \_\_\_\_\_

Trade Show / Exhibition Show Name: \_\_\_\_\_

Referral Referred By: \_\_\_\_\_

Advertisement Publication: \_\_\_\_\_

CML Representative: \_\_\_\_\_

CML Inside Contact: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

## Application Description

\_\_\_\_\_

\_\_\_\_\_

Machine used for sample: \_\_\_\_\_

Recommended machine for application: \_\_\_\_\_

## Material Information



ASTM material grade: \_\_\_\_\_

Outside diameter: \_\_\_\_\_

Wall thickness: \_\_\_\_\_

Min/Max Tube Length: \_\_\_\_\_

## Tooling Information As Provided By Customer

Are product prints available?  Yes  No

Number of bends per part: \_\_\_\_\_

Overall developed length of part: \_\_\_\_\_

Desired centerline radius: \_\_\_\_\_

Minimum distance between bends: \_\_\_\_\_

Outside material diameter: \_\_\_\_\_

Maximum degree of bend: \_\_\_\_\_

Any known tolerances to be held on part shape including ovality, wall

thinning and cosmetic concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new or existing project? \_\_\_\_\_

Are you currently making this part or outsourcing? \_\_\_\_\_

If you are producing, explain process or equipment utilized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated production requirement: \_\_\_\_\_

Number of shifts: \_\_\_\_\_

How soon will you require a machine? \_\_\_\_\_

Do you have financing in place or would you like leasing information? \_\_\_\_\_

\_\_\_\_\_

## Follow Up Activity

Would you like to schedule a visit with a product specialist?  Yes  No

Will you be sending materials to be bent?  Yes  No

Would you like to arrange a visit to our factory to view a machine under power?  Yes  No

## Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CML USA, Inc. Ercolina®**

3100 Research Parkway • Davenport, Iowa 52806 • Telephone **563-391-7700** or FAX **563-391-7710**

Web sites [www.ercolina-usa.com](http://www.ercolina-usa.com) • Email [info@ercolina-usa.com](mailto:info@ercolina-usa.com)

White Copy - Customer

Yellow Copy - CML USA

Pink Copy - Sales Rep