



Ercolina® Mandrel Tooling Order Form

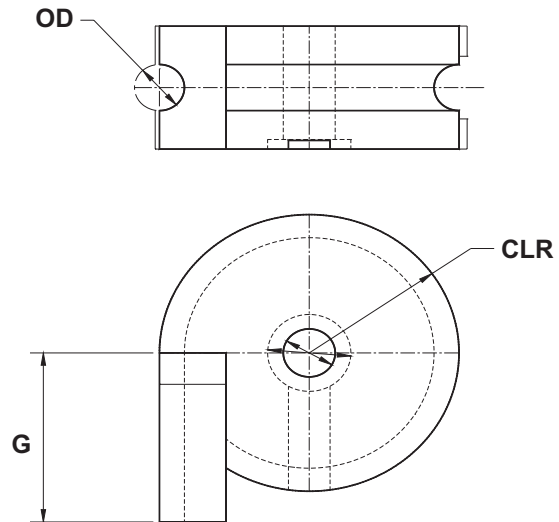
Fax Completed Form To:
(563) 391-7710

Company Name: _____ Contact: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
Distributor Name: _____ Contact: _____

Material Specifications:

Tube/Pipe Dimensions: _____ OD _____ ID
Wall Thickness: _____
Material Type/Grade: _____
Weld Seam: _____ Yes _____ No
No. Parts Per Day: _____ No. Bends Per Part: _____
Prints Supplied: _____ Yes _____ No
Are Mill Certs Available _____ Yes _____ No
Centerline Radius (CLR): _____
Min. Dist. Bet. Bends (G): _____
Outside Diameter (OD): _____
Maximum Degree of Bend: _____

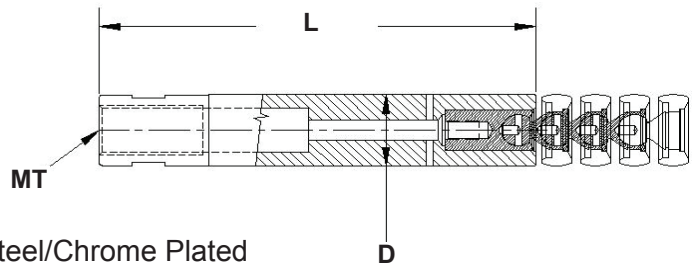
Center Former



Mandrel Information:

Mounting Thread on Mandrel (MT): _____
Length of Shank (L): _____
Number of Spheres Required: _____
Diameter of Mandrel (D): _____
Mandrel Material: _____ AMPCO Bronze _____ Steel/Chrome Plated

Mandrel



Pressure Die: _____ Steel _____ Polymer
Wiper Die Required: _____ Yes _____ No
Clamp Die: _____ Smooth _____ Serrated

Notes: _____

I have reviewed the above information for accuracy and confirm it is correct. Any alterations made from original information will result in additional cost and may extend delivery time.

Customer Signature

Date