Bend Sample Information Sheet

Contact Information

Date: ___________________________

Company Name: _____________________________________________
Contact: ____________________________________________________
Position/Title: _______________________________________________
Address: ___________________________________________________
City: ______________________________________ State: ___________
Zip/Postal Code: _____________________________________________
Telephone: _________________________________________________
Fax: _______________________________________________________
E-mail: _____________________________________________________

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: ___________________________________  
________________________________________________________________________
________________________________________________________________________
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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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