

Initial Quotation Information



Date:			
Company Name:			
Contact:			
Position/Title:			
Address:			
Address:			
City:		State:	
Zip/Postal Code:			
Telephone:			
Fax:			
Email:			
Cell/Alternate Phone:			
Website:			

Origin of Contact

☐ Phone In

☐ Internet / Email

☐ Dealer Dealer Name:

☐ Trade Show / Exhibition Show Name:

☐ Referral Referred By:

☐ Advertisement Publication:

Application Information

Brief Description of Application:	
<input type="text"/>	
Is this a new or existing project?	<input type="text"/>
Are you currently making this part or outsourcing?	<input type="text"/>
If you are producing, explain process or equipment utilized:	
<input type="text"/>	
Anticipated production requirement:	<input type="text"/>
Number of shifts:	<input type="text"/>
How soon will you require a machine?	<input type="text"/>
Do you have financing in place or would you like leasing information?	
<input type="text"/>	

CML USA, Inc. Ercolina

3100 Research Parkway
Davenport, IA 52806

Phone: 563-391-7700
Fax: 563-391-7710
www.ercolina-usa.com

Tooling Information

Are product prints available? ☐ Yes ☐ No

Number of bends per part:	<input type="text"/>
Overall developed length of part:	<input type="text"/>
Desired centerline radius:	<input type="text"/>
Minimum distance between bends:	<input type="text"/>
Outside material diameter:	<input type="text"/>
Maximum degree of bend:	<input type="text"/>

Please specify any tolerances to be held on part shape including ovality, wall thinning and cosmetic concerns:

<input type="text"/>

Material Information

ASTM material grade:	<input type="text"/>
Outside diameter:	<input type="text"/>
Wall thickness:	<input type="text"/>
Min/Max Tube Length:	<input type="text"/>

Follow Up Activity

Would you like to schedule a visit with an Ercolina representative? ☐ 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:
<input type="text"/>