

Mandrel Tooling Order Form

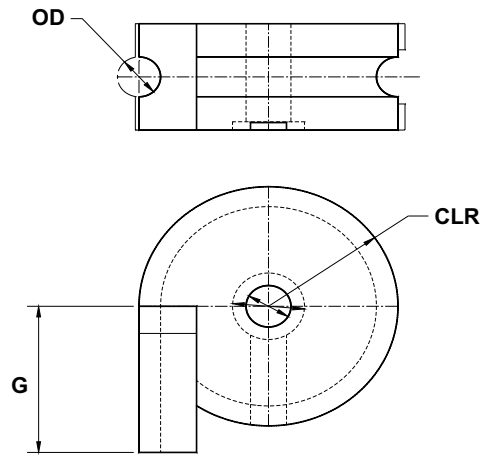
Fax Completed Form To: (563) 391-7710

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: _____

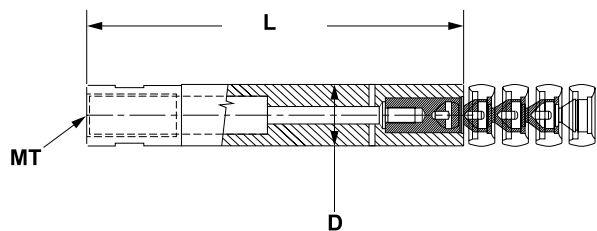
Center Former



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 _____