

CUTTING TOOL WORKSHEET

DEALER

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE #: _____

END USER

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE #: _____

1. SPECIAL TOOL SELECTIONS

CARBIDE TOOL

INDEXABLE TOOL

If specific insert is required,
please provide ISO# _____

DRIVE SHANK - PLEASE SPECIFY TYPE & SIZE

2. DESCRIPTION OF TOOL INCLUDING THE EXPECTED OPERATIONS:

WITH COOLANT

WITHOUT COOLANT

3. UPLOAD A DRAWING OF THE WORKPIECE

MATERIAL OF THE WORKPIECE: