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3

APPLICATION EVALUATION REQUEST LASER CUTTING

Please send samples attn: Applications Lab

Date Received

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Salesforce Opportunity				•		
		End Product:		Industry:		
		Sales Rep:		Regional		
				Manager:		
Return Samples to:		Rep Cust Cust				
C	ontact Information	on				
Na	ame:					
T:4	1					
Tit	ie:					
Co	ompany:					
	pairiy.					
Address:						
	1.11					
Mobile phone:						
Of	fice phone:					
Office priorie.						
En	nail:					
Material Information						
PΙε	ease be as descriptive	as possible and send	d at least 10 parts for eva	luation.		
# Part description or name		Material (e.g. Al3003 or SS		Plating		
			spec (e.g. heat treated, AV	-	3	
				-, 3.00)		



AMADA WELD TECH INC. _____

Cut Information Please provide a dxf file of the part with cut dimensions and tolerances. For tube and 3d cuts also provide a solid model; either Solidwork, IGES, or STEP format.							
#	Geometry of cut (XY, tube, 3D)	Part shape (e.g. flat, wire, cylinder)	Part dimensions	Thickness of material at cut	Target Time for cut(seconds)		
1	, , ,						
2							
3							

Please provide any pertinent information regarding the cut. Is there a required wall finish or maximum for dross? Is a specific type of gas desired? Further Information -
dross? Is a specific type of gas desired?
Is a specific type of gas desired?
Further Information -



AMADA WELD TECH INC. _____

Project Information			
What is your current cutting process?			
Why are you looking for a new cutting laser? (Is			
your current system too slow? not enough precision?)			
Is this for a laser only? Or is a system desired?			
Is tooling needed?			
Timeline of project?			
What is the budget for this project?			