



AMADA WELD TECH INC.

APPLICATION EVALUATION REQUEST LASER CUTTING

Please send samples attn: Applications Lab

For internal use only	Application Number		Date Received	
Salesforce Opportunity				
	End Product:		Industry:	
	Sales Rep:		Regional Manager:	
Return Samples to:	Rep <input type="checkbox"/> Cust <input type="checkbox"/>			

Contact Information	
Name:	
Title:	
Company:	
Address:	
Mobile phone:	
Office phone:	
Email:	

Material Information			
Please be as descriptive as possible and send at least 10 parts for evaluation.			
#	Part description or name	Material (e.g. Al3003 or SS304) and spec (e.g. heat treated, AWS, class)	Plating
1			
2			
3			



AMADA WELD TECH INC. _____

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