



AMADA WELD TECH INC.

APPLICATION EVALUATION REQUEST RESISTANCE WELDING

Please send samples Attn: Applications Lab

<i>For internal use only</i>	Application Number:		Date Received:	
Salesforce Opportunity:				
Sales Rep:		Regional Manager:		

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

Project Information			
Is this a new application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is new equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing equipment:			
Proposed new equipment:			
Production rate (parts/hour):		Automation or bench?	
Weld head actuation preference:	<input type="checkbox"/> Electronic <input type="checkbox"/> Air <input type="checkbox"/> Manual		
Is this project budgeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget amount:	\$
End product made:		Industry:	
Available facility power:	Voltage:	Phases:	<input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 Phase
NDA required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Return all samples?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return samples to:	<input type="checkbox"/> Customer <input type="checkbox"/> Sales Rep <input type="checkbox"/> Regional Manager		



Material Information

Please send at least 10 sets of parts for evaluation if possible.

Weldments:	Part 1:	Part 2:	Part 3:
Name:			
Base Material:			
Plating:			
Size:			
Shape:			
Insulation:			

Weld Success Criteria

Please be as descriptive as possible.

Weld strength required:	
Pull test configuration:	<input type="checkbox"/> Shear <input type="checkbox"/> Peel <input type="checkbox"/> Tensile
Visual appearance (if applicable):	
Other requirements for success:	

Additional Information

Please provide a drawing or sketch of the welded assembly here or on a separate page.