

To:

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From:

Company: _____
Name: _____
Street: _____
City/Country/Zipcode: _____
Phone/Fax: _____
Email: _____
Industry: _____

Cutting Test

Please answer the following questions carefully, so we can make the best cutting tests for you. Please note that you can type in the document; printing out is not necessary. Please e-mail or fax this form back to us.

1. Please check appropriate box:

FIPA customer? yes no

urgent

please call

2. Material:

Copper specification (e.g. CuZn) _____ annealed

Steel specification (e.g. St 37) _____ hardened

Other specification _____

Plastic specification (e.g. PA, PP, POM) _____

Glass fibre reinforced _____ %

Temperature of work piece when cut _____ °C _____ ° F)

3. Dimensions

diam. _____ mm, _____ x _____ mm

Sample of work piece attached