

Application Evaluation Input Form

Please fill in the blanks and return with sample parts to the address below, attention: "Application Engineering". Thank you for your interest!

Company _____
Address _____
City, State, ZIP _____
Country _____

Primary Contact _____ **Phone** _____ **e-mail** _____
Secondary Contact _____ **Phone** _____ **e-mail** _____

Please describe your inspection requirements:

Are sample parts enclosed? (Y/N) _____

Are the parts moving? (Y/N) _____ **If so, how fast?** _____

What is the part position repeatability at the point of inspection? _____

What is your installation time line? Immediate 90 Days 1 year

What type of solution are you looking for? Turn Key Assisted System Only

Comments

