

HEULE APPLICATION DATA SHEET

FOR DEBURRING/CHAMFERING/COUNTERSINKING

Information for:

Purchase Order _____
 Request for Quotation (RFQ) _____
 Request for Tool Test Approval _____
 Requesting Technical Help _____

Date needed:

Urgent _____
 A.S.A.P. _____
 by _____

Interest:

Front And Back Deburring	Back Only Deburring
Front And Back Chamfering	Back Only Chamfering
Combination Tooling	Front Countersinking
Back Spotfacing	Other _____

Today's

Date _____ Tel. No. _____ - _____

Individual
to Contact _____

Fax No. _____ - _____

Company

Name _____

Mailing
Address _____

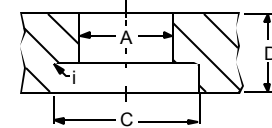
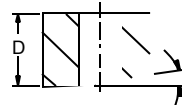
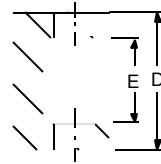
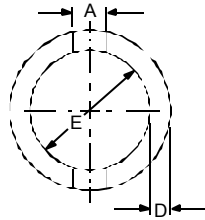
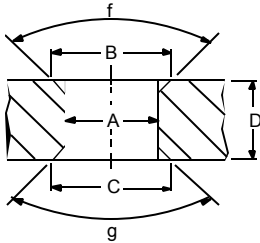
City _____

State _____ Zip _____

Problem Statement: (Include Dwg./Part Print)

Part Configuration: (Fill in values that apply):

REF: Part Name/Dwg. No. _____



Straight Hole
Deburring/Chmf.

Tube or I.D.
Deburring

Inline Holes
Deburring/chmf.

Irregular
Surface

Back
Counterboring

A= _____ ± _____ f= _____

B= _____ ± _____ g= _____

C= _____ ± _____ h= _____

D= _____ i= _____

E= _____ Surface
Finish req. _____

Other Information/Sketch: (incl. dwg./part print)

Material: _____ **Hardness:** _____

Production (Yr): _____ **Cycle Time:** _____

Sequence (1,2,3,etc.):

__ drill __ Bore __ Tap __ Ream __ deburr/chmf

Machine Type: _____

Shank Size: _____

Feed Unit: __ Hydr. __ Pneum __ Elec.

Back Feed Control? _____ **Interrupted Cuts/Cross Holes?** _____

Y or N

Y or N (give details)