

INQUIRY ORDER SAMPLE

Reference No. _____

END USER

Company Name _____
 Street Address _____
 City _____ State/Prov _____
 Zip/Postal Code _____ Country _____

 Contact Person _____
 Title _____
 Tel _____ Fax _____
 Email _____

 JARVIS Territory Manager _____
 Tel _____ Fax _____

DISTRIBUTOR

Company Name _____
 Street Address _____
 City _____ State/Prov _____
 Zip/Postal Code _____ Country _____

 Contact Person _____
 Title _____
 Tel _____ Fax _____
 Email _____

WORKPIECE

Material Name / Description: _____
 ANSI Material No.: _____ Hardness *(If Aluminum, please list Silicon content)* _____
 German Material No. *Internal use only:* _____ Thread Depth _____
 Predrilled Hole Diameter: _____
 Hole Type Blind Through

TOOL

Blank Type: DIN ANSI Special
 Tool Type: Tap Form Tap Lubricant Through
 Tool Material: HSS-E PM HSS-E Carbide
 Coating: Bright Oxided Nitrided TiN TiCN TiAlN FIREX® AlTiN MolyGlide™ Other
 Size(s): _____
 Chamfer Type (No. of threads included): _____
 Notes: _____

MACHINE

Machine Type / Name: _____
 Spindle Position: Horizontal Vertical Oblique

TOOLHOLDER

Holder Type: Tapping Chuck Collet (Rigid) Tapping Attachment Tension / Compression Tapping Chuck

LUBRICANT

Lubricant Type: Water Soluble Cutting Oil Minimal Lubricant Dry

FEED

Feed Type: Pneumatic Hydraulic Manual Mechanical

QUANTITIES

Quantities To Quote: _____