

Fax to CountyLine Tool at 1-309-694-2445

Special tool quote request: Form cutter

Company:	Contact:
Customer #:	Department:
Address:	Phone:
	Fax:
	E-Mail:

Workpiece sketch:

		Tool: Form cutter	Dimension	Tolerance
		Shank- D		
		Total length		
Workpiece:		Number of cutting edges z		
		Straight toothed	<input type="checkbox"/>	
Tools required _____ pieces		R.H. spiraled, spiral angle λ	<input type="checkbox"/> $\lambda =$	
Workpiece _____ pieces / year		L.H. spiraled, spiral angle λ	<input type="checkbox"/> $\lambda =$	
		Cutting direction	<input type="checkbox"/> Right	<input type="checkbox"/> Left
Work material to be machined:		Coating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Structural steel, good machining qualities		Internal coolant supply & coolant outlet	<input type="checkbox"/> Yes: <input type="checkbox"/> Lateral <input type="checkbox"/> Central	
<input type="checkbox"/> Tool steel		<input type="checkbox"/> No		
<input type="checkbox"/> Stainless steels	Material description	Straight shank	<input type="checkbox"/> HA <input type="checkbox"/> HE <input type="checkbox"/> HB	
<input type="checkbox"/> Hardened steel		DIN 6535	<input type="checkbox"/> Other:	
<input type="checkbox"/> Malleable iron	Strength Rm (N/mm ²)	Machine info		
<input type="checkbox"/> Spheroidal cast iron		Machine type		
<input type="checkbox"/> Non-ferrous metals (brittle)	Hardness (HRC, HB, HV, ...)	Spindle type / size		
<input type="checkbox"/> Non-ferrous metals (ductile)		Spindle output (kW)		
<input type="checkbox"/> Other		Cutting speed v_c (m/min)		