

Quote Form

Date: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____ Email: _____

Qty: _____

Application	Material
<input type="checkbox"/> Chop Saw	Material Type: _____
<input type="checkbox"/> Cut off Blade	Material Thickness: _____
<input type="checkbox"/> Rip Blade	Moisture Content: _____
<input type="checkbox"/> Other	
<input type="checkbox"/> Cutting Above Material	
<input type="checkbox"/> Cutting Below Material	

Specifications

Feed Rate: _____ RPM: _____

Finished Carbide Diameter: _____ Plate Thickness: _____ Bore: _____

Tooth Count: _____ Hook: _____ Kerf: _____ Tooth Pattern: _____

Expansion Slots: _____ Pinholes: _____

Additional Information:
