



TOOLING REQUEST INFORMATION SHEET

IN ORDER FOR LAKES PRECISION TO OFFER THE CORRECT REPLACEMENT FOR THE TOOL SAMPLES SUBMITTED, THE FOLLOWING INFORMATION IS REQUIRED.

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

CONTACT NAME _____

DATE _____ **REFERENCE PO# (IF ANY)** _____

TOOL SAMPLE INFORMATION

MACHINE MANUFACTURER _____

MACHINE MODEL & SERIAL # _____

TOOL SAMPLE OEM # _____

TOOL SAMPLE FUNCTION (CUT, STRIP, OTHER) (PLEASE SPECIFY) _____

QUANTITY OF TOOL REQUIRED FOR MACHINE SETUP _____

QUANTITY OF TOOL TO BE QUOTED _____

ANY SPECIAL REQUIREMENTS OR NOTES: (PLEASE LIST BELOW)

PLEASE LABEL THE TOOL SAMPLE ALSO INCLUDE ANY SKETCHES OR DRAWINGS THAT MAY BE AVAILABLE OR HELPFUL.
THANK YOU FOR YOUR COOPERATION.

SEND A COPY OF THIS FORM AND YOUR TOOL SAMPLE TO;

**ENGINEERING DEPT.
LAKES PRECISION INC.
1900 EPLER COURT
PO BOX 630
THREE LAKES, WI. 54562**

**TEL: 715-546-3070
FAX: 715-546-2565**