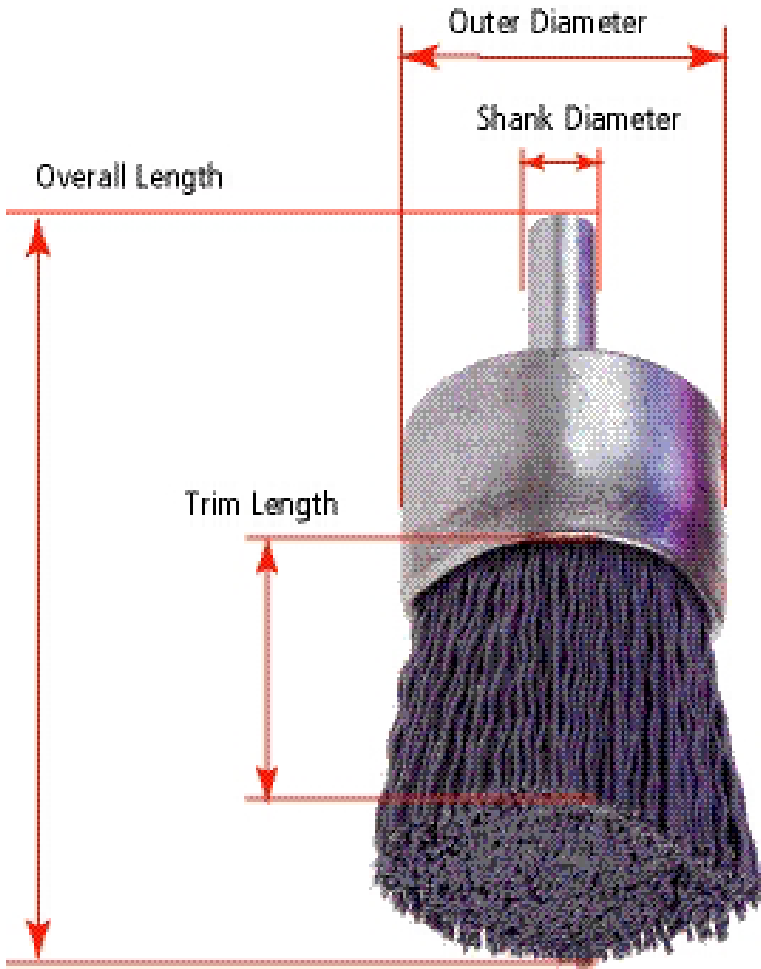


# Special ATB End Brush Request Form

Territory \_\_\_\_\_



End User \_\_\_\_\_  
 Distributor \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Customer Drawing Available: YES  NO  Date \_\_\_\_\_

Outer Diameter	Shank Diameter	Overall Length	Trim Length	
Fill Material	Grit	Fill Diameter	RPM	Fill Style

Equipment Used: \_\_\_\_\_

Metal Components: \_\_\_\_\_

Comp. to Stock Product # \_\_\_\_\_ Variation \_\_\_\_\_

Method now being used \_\_\_\_\_

Desc. if Competitor Brush \_\_\_\_\_ Price \_\_\_\_\_

Stock Brushes Tested \_\_\_\_\_ Result \_\_\_\_\_

Yearly Potential \_\_\_\_\_ Order Quantity \_\_\_\_\_

Application \_\_\_\_\_

Samples Needed YES  NO  # of Samples \_\_\_\_\_

Comments \_\_\_\_\_



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