

# TOOLING INFORMATION FORM for Accusonics, Inc.

PLEASE FILL OUT THIS FORM WITH ALL INFORMATION AVAILABLE

Please enter the following information as completely as possible. Complete information will help us to expedite tooling quotes. Thank You.

## Bill to:

## Ship to:

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Attn: \_\_\_\_\_ Attn: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

P.O. #: \_\_\_\_\_ P.O. Attached  Will FAX P.O.

Accounts Payable E-Mail: \_\_\_\_\_ Ship to Person's E-Mail: \_\_\_\_\_

## Tooling Information:

Are we duplicating existing tooling? Y  N  (check one, then choose applicable section below).

If YES, please provide the following information:

- Please take pictures of existing tooling, draw a sketch of it or provide a drawing of it with major dimensions.
- What boosters are available to use or are currently being used on this horn? \_\_\_\_\_
- What material the current horn is made from? \_\_\_\_\_
- What size is the current set screw in this horn? \_\_\_\_\_
- Is the current horn plated? Y or N (circle one), with what type of coating? \_\_\_\_\_
- Can you send us the current horn if you cannot provide information about it? Y  N  (check one)
- Please provide parts, or a 3D file of the parts and any assembly items that might be part in it or sticking out of the main part while welding it together.
- Expected volume per year \_\_\_\_\_
- Intended ultrasonics machine you will run this on? \_\_\_\_\_

If NO:

- Expected volume per year? \_\_\_\_\_
- Please provide parts, or a 3D file of the parts and any assembly items that might be part in it or sticking out of the main part while welding it together.
- Intended ultrasonics machine you will run this on? \_\_\_\_\_

## Shipping Instructions of tooling to you: Please Check the Appropriate Box (UPS Preferred)

Customer Pickup  UPS Ground  UPS Blue  UPS Red  FedEx Ground

FedEx 3 Day  FedEx 2 Day  FedEx Overnight.  FedEx Overnight AM  Saturday Delivery

Please provide shipping account number: \_\_\_\_\_

Other  Specify: \_\_\_\_\_

## Special Instructions:

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