

Manufacturers Rep: _____

Date: _____

Request For Quote

Company: _____

E-mail Address: _____

Name: _____

Phone: _____

Address: _____

Fax: _____

City: _____ State: _____ ZIP: _____

New Spindle

Repair Spindle

1) Type of Spindle: (Check One)

Motorized

Belt Driven

Gear Driven

Other: _____

2) Operation Performed: (Check All That Apply)

Grinding

Drilling

Boring

Milling

Turning

Facing

Other: _____

3) Type and Size of Tooling:

HSK Size: _____

CAT/ISO Size: _____

Collet Size: _____

Other Size: _____

4) Operating Characteristics:

Type of Machine: _____

Horsepower: _____

Operating RPM: _____

Voltage: _____

5) Comments / Application:

Please note any special circumstances or requirements

This form can also be found online at www.dynospindles.com

Thank you for the opportunity to earn your business.
Please fax or mail this completed form to Dynomax at:

956 Campus Drive
Mundelein, IL 60060

PH (847) 680.8833
FX (847) 680.8838

DYNOMAX KNOWS SPINDLES

WWW.DYNO SPINDLES.COM