

See something you would like to try?

Complete this form to request your FREE tool!*

Custom Tool Division

Company Information:	
Company Name:	End User:
Requested By:	Contact Name:
Address:	Ship to Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone: Ship Via:
Fax:	Fax:
e-mail Address:	e-mail Address:

M.A. Ford® Sales Rep.: _____

M.A. Ford® Trial Tool Requested:

Qty/Tool # _____

Qty/Tool # _____

Comments: _____

Additional Information:			
Application Description:			
Machine Type	Horizontal <input type="checkbox"/>	Vertical <input type="checkbox"/>	Other <input type="checkbox"/>
RPM		Horsepower	
Condition	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Material:		Hardness	
Coolant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type

Current Tooling Appraisal:	
Current Tool:	
Mfg.	Part #
Feed Rate:	
RPM:	
Width/Depth of Cut:	
Hole Depth:	
No. Holes Produced:	
No. Parts Produced:	
Production Rate:	

*All requests subject to approval. An M.A. Ford® representative will contact you to discuss your application.

Please send this form to M.A. Ford® 7737 Northwest Blvd. Davenport, IA 52806 or
 Fax to: 800-892-9522 / 563-386-7660.

Form available on line at www.maford.com

Ph: 800-553-8024 / 563-391-6220 • www.maford.com • sales@maford.com