

# Questionnaire

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Your company:			
Company name		Department	
City, State		Phone No	
ZIP code		Fax No	
Street		E-mail	
Your name		Function	

These details enable us to recommend the most suitable system:		
Description of workpiece:		
Required operation and finish:		
Type of material:		
Dimensions:		
What has to be taken into consideration?		
Production rate:	per day:	per series:
What time cycle?		
Do you need increased capacity?		

	Present operation:	Our recommendation:
Machine used:		
Belt speed:		
Type of contact wheel:		
Time / quantity / grit:		
Do you employ skilled operators?		
Do you employ unskilled operators?		
How many operators are employed at present?		

date:

signature: