



# SPECIALIST MACHINERY SALES

AUSTRALIA, NEW ZEALAND & SE ASIA

## Application Worksheet Laser Tube Processing

Company Name \_\_\_\_\_

Product Description (specify)

Part Configuration (Holes, slots, straight cut-off, end profiles, etc.)

Tolerance required (specify)  $\pm$  \_\_\_\_\_

### Tube specifications - Round

<b>Mild Steel</b>	Max. Diameter _____	Min. Diameter _____
	Max Wall Thickness _____	Min. Wall Thickness _____
<b>Stainless Steel</b>	Max. Diameter _____	Min. Diameter _____
	Max Wall Thickness _____	Min. Wall Thickness _____
<b>Aluminum</b>	Max. Diameter _____	Min. Diameter _____
	Max Wall Thickness _____	Min. Wall Thickness _____
<b>Other (Specify)</b>	Max. Diameter _____	Min. Diameter _____
	Max Wall Thickness _____	Min. Wall Thickness _____

**Tube specifications – Square/Rectangular**

**Mild Steel**      Max. Size \_\_\_\_\_      Min. Size \_\_\_\_\_  
                         Max Wall Thickness \_\_\_\_\_      Min. Wall Thickness \_\_\_\_\_

**Stainless Steel**      Max. Size \_\_\_\_\_      Min. Size \_\_\_\_\_  
                         Max Wall Thickness \_\_\_\_\_      Min. Wall Thickness \_\_\_\_\_

**Company Name \_\_\_\_\_, continued**

**Aluminum**      Max. Size \_\_\_\_\_      Min. Size \_\_\_\_\_  
                         Max Wall Thickness \_\_\_\_\_      Min. Wall Thickness \_\_\_\_\_

**Other (Specify)**      Max. Size \_\_\_\_\_      Min. Size \_\_\_\_\_  
                         Max Wall Thickness \_\_\_\_\_      Min. Wall Thickness \_\_\_\_\_

**Tubing Specifications – Other (Oval, obround, shaped)**

Specify shape and dimensions

**Infeed Length**      Maximum \_\_\_\_\_      Minimum \_\_\_\_\_

**Finished Part Size**      Maximum \_\_\_\_\_      Minimum \_\_\_\_\_

**Lot sizes-Raw Stock**      Max. \_\_\_\_\_      Min. \_\_\_\_\_      Average \_\_\_\_\_

**Lot sizes-Finished Parts**      Max. \_\_\_\_\_      Min. \_\_\_\_\_      Average \_\_\_\_\_

**Loading Method**      Manual \_\_\_\_\_      Automatic \_\_\_\_\_  
                         If Automatic,      Single Bundle Feed \_\_\_\_\_

Multiple Cartridges – number \_\_\_\_\_

**Unloading Method** Manual \_\_\_\_\_

Automatic \_\_\_\_\_

If Automatic,

Single Receptacle \_\_\_\_\_

Multiple Receptacle – number \_\_\_\_\_

**If automatic storage and retrieval of raw stock is required, please specify the number of storage bins required and the sizes and lengths of the tubes.**