

INQUIRY FORM REVCUT

1 CUSTOMER INFORMATION

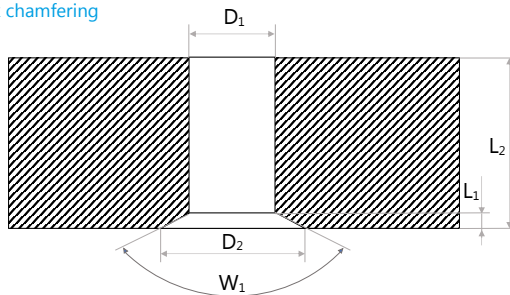
Company	Name	Function
Street	Postcode/Town	Country
Phone	E-mail	

2 PROCESSING INFORMATION

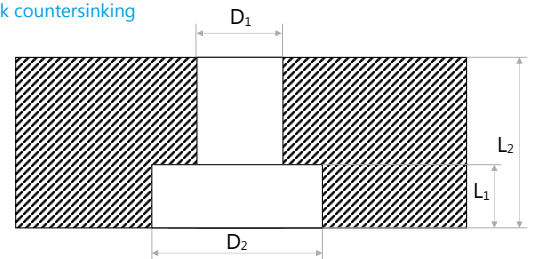
Completion until	Number of base holders required	Number of blades required	
Material	Annual number of bores to be produced	IC available?	Spindle orientation?
		YES NO	YES NO

☐

Back chamfering


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Back countersinking



D₁

D₂

L₁

L₂

W₁

3 FURTHER INFORMATION

4 THE APPLICATION SHOULD BE ACCOMPANIED BY A WORKPIECE DRAWING.

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CHECK

Please save the completed form and send it together with the attachments and the subject line "RevCut" to the following e-mail address: team@kempf-tools.de