

Contact Information

COMPANY		CONTACT PERSON	
STREET ADDRESS		CITY, STATE, ZIP	COUNTRY
PHONE NO.	EMAIL		

Please provide the following information and return the form together with a **pdf drawing AND a 3D CAD file** (IGS, STP, or x_t, SldWrk, NX or Catia native formats will work fine) to help us achieve a timely reply to your request.

Project Information

CUSTOMER PROJECT NAME OR #	CUSTOMER PART NAME		
CUSTOMER PART DESIGNATION (IF DIFFERENT FROM PART NAME)	IS THIS A PART OF A FAMILY OF SIZES/PARTS?	YES	NO

Design Status

Design finalized: Design cannot be changed	YES	NO
Design nearly finalized: Adjustments for FluidForming may be necessary but otherwise ready to move to production/prototyping	YES	NO
Early design stage: Input from FluidForming desired and possible	YES	NO

Material

MATERIAL IDENTIFICATION/SPECIFICATION			
MATERIAL THICKNESS	MINIMUM MATERIAL THICKNESS (LEAVE BLANK IF NOT APPLICABLE)		
/1000" -OR- GAUGE	/1000" -OR- GAUGE		
SURFACE QUALITY (LEAVE BLANK IF NOT APPLICABLE)	IS ANNEALING ALLOWED?	YES	NO
WHICH TRIM METHODS ARE NOT ALLOWED?	LASER	WATER JET	DIE STAMP
	SHEAR	OTHER	
OTHER MATERIAL INFORMATION (PRE-PAINT, PRE-PATTERNED, ETC. LEAVE BLANK IF NOT APPLICABLE)			

Parts Requirement/Target Cost

PROTOTYPES	QUANTITY	DESIRED DELIVERY DATE:
ANNUALLY RECURRING	QUANTITY	DESIRED DELIVERY DATE:
TARGET COST		