D&D Tool & Supply *CUSTOM TOOLING QUOTATION / ORDER FORM*

Customer name _____

Address _____

Phone _____ Contact _____

Salesperson _____ Route # _____

# of Tools _____

# of Teeth _____

Dia. Max. _____

Dia. Min. _____

Kerf _____

Bore/Shank Dia. _____

Keyway _____

Hook Angle _____

Shear Face _____

Face up/down _____

Rub Collar _____

Knife Material _____

Thickness _____

Rotation RH _____ LH _____

Feed Against _____ Width _____

Comments _____

_____

_____

_____

_____

Price Each _____

Delivery Date _____

Quote Date _____

Approved by _____

Date: _____

DUPLICATE THIS PAGE TO SUBMIT ORDER