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**Sales Office**  
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 Canada N3C 4C2  
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**Bend Data Sheet**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, Prov/State: \_\_\_\_\_ P / C: \_\_\_\_\_ Email: \_\_\_\_\_

1. Material type? \_\_\_\_\_
2. Material shape? \_\_\_\_\_
3. Maximum length before bending? \_\_\_\_\_
4. Maximum bend angle required? \_\_\_\_\_
5. Maximum wall thinning allowed in % \_\_\_\_\_
6. Maximum ovality allowed in % \_\_\_\_\_
7. Which bending machine do you presently use? \_\_\_\_\_ Style: \_\_\_\_\_ Rotation: CCW CW
8. How many bends per hour do you want to produce? \_\_\_\_\_
9. What is your end product? \_\_\_\_\_
10. Are there multi - bend parts:            Y            N
11. Is there a plane of bend change:        Y            N
12. Your power requirement:                1 PH        3 PH        220 V        440 V        Other
13. Your interest:                            Manual      Single Axis    Non - CNC    CNC    Other
14. For Purchase:                            Immediate    3 Months      6 Months      12 Months    24 Months    Over
15. Budget figure:                            Up to 5000    5 - 15,000    15 - 30,000    30 - 50,000    50 - 100,000    Over

Part Number if Available	Material OD	Wall Thickness	Centerline Radius	Minimum Distance Between Bends	Maximum Bend Angle	Comments – Tolerance Captive Lip Interlock Tools Removable Inserts