

5-7 WORKING DAYS UPON APPROVAL

Order By Fax

The following information is required to process your order. Please be as detailed as possible, leaving no entries blank.

SERRATION BROACHES

Date: _____ Quote Order P.O. #: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Machine being used: _____

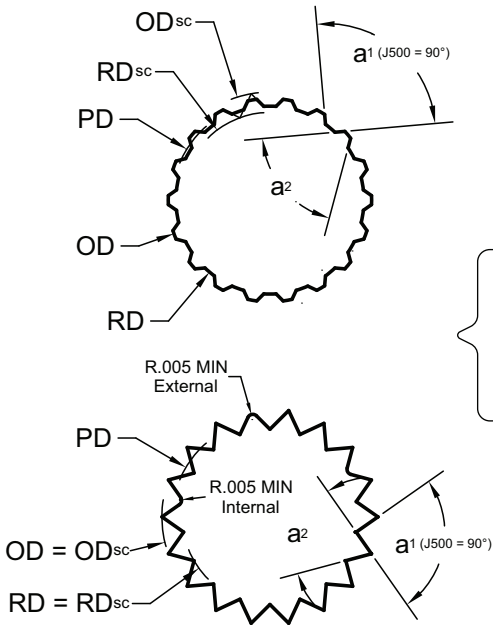
Material to broach: _____ Quantity to run: _____

Broaching Depth: _____ Rotary Broach Tool Holder: _____

Please check the type of form: External Internal

SERRATED FORMS

Fill in Blanks as Shown



Number of Teeth in 360° (N): _____
and
 MAX Major Diameter (OD): _____
and
 MIN Minor Diameter (RD): _____
and

Major @ Sharp Corner (OD_{sc}): _____
or
 Minor @ Sharp Corner (RD_{sc}): _____
or
 [($OD_{sc} + RD_{sc}$) / 2] Pitch Diameter (PD): _____

and
 Outer Angle (a^1): _____
or
 Inner Angle (a^2): _____



Broach Tool Materials Available: **M-2 H.S.S.** (standard) or **P-M4 H.S.S.** (Premium)
 Broach Tool Coatings Available: **Titanium Nitride (TiN)** or **Titanium Carbonitride (TiCN)**

Order: 586-465-5000 • Fax: 586-465-3030

Monday thru Friday 8 a.m. till 5 p.m. EST • 44725 Trinity Drive • Clinton Township, MI 48038

SLATER TOOLS
 www.SlaterTools.com • direct@slatertools.com