

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.

SPLINE BROACHES

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

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Machine being used: _____

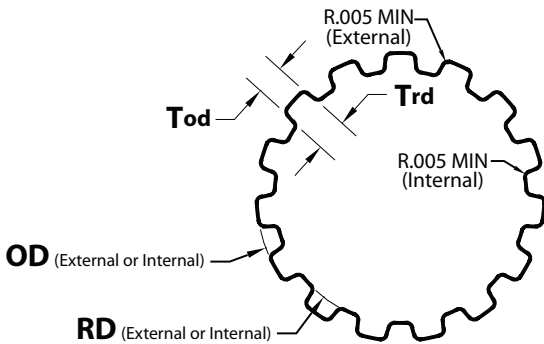
Material to broach: _____ Quantity to run: _____

Broaching Depth: _____ Rotary Broach Tool Holder: _____

SPLINE FORMS

Please fill in all blanks, Also provide drawing or notes on this form if other dimensions or special features are required.

Please check the type of form: External Internal



Number of Teeth in 360° (N): _____

MAX Major Diameter (OD): _____

MIN Minor Diameter (RD): _____

Tooth Width at Sharp Corners

on OD (Tod): _____

on RD (Trd): _____

(When Tod = Trd - Provide Only Tod)



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)**