

TEST CUT/DEMO REQUEST

Circle one: Standard demo Text cut witness Test cut non-witness

Salesman: _____ Date Requested: _____

Distributor: _____ Projected demo date: _____

Company name: _____ Demo time: _____

Address: _____

City, State, Zip code: _____

Phone: _____ Fax: _____

Contacts or people attending demo:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Machine model: _____ Control: _____

Stock machine: (Circle one) Yes or No

Options quoted: _____

Existing CNC machines/controls: _____

How do they program: (Circle one) Manual CAD/CAM Conversational

What type of work/material? _____

Who is the competition/model? _____

Key selling points: _____

Any comments: _____

If this is a test cut please provide the following:

1. Drawing or sketch of part to be cut.
2. Layout of X, Y, Z zero pickup.
3. Layout of tooling and tooling order. (Customer to provide tooling)
4. Flute length and tool extensions for all tools.
5. Material type and size. (Customer to provide the material)
6. NC G-code posted for a Fanuc control. If posted from a Unix system, they will need to run UNIX to DOS conversion. If there is no NC G-code, then they must provide us an IGES file.

A) Acceptable Storage Media

- | | |
|-----------|----------------|
| 1. E-Mail | 3. Memory Card |
| 2. USB | 4. C.D. Rom |

7. Alter feeds and speeds? (Circle one) Yes No

When complete, please send to:

Smart Machine Tool
Attention Tim Baer
N25 W23287 Paul Road
Pewaukee, WI 53072

Phone: 262-521-2700
Fax: 262-521-2504
E-Mail: timb@smartmachinetool.com

DEMO SCHEDULE WILL BE FINALIZED AFTER REVIEW OF PROGRAM