



INQUIRY SHEET

The following information will help us to better understand your application and offer a cost effective solution. Please return by fax to: (905) 373-4172.

PLEASE INCLUDE A DRAWING OR SKETCH IF POSSIBLE

DATE: _____

COMPANY: _____

ADDRESS: _____

NAME & TITLE: _____

PHONE: () _____ FAX: () _____ E-MAIL: _____

Please Contact Myself () or : _____

1. Part Name / Description: _____

2. Dimensions (sketch / drawing): _____

3. Type of Wear material currently in use: _____

4. Method of Attachment: () Direct Weld () Plug Weld () Through Bolt () Threaded Stud
Other: _____

5. Quantity for this inquiry: _____ Annual Volume Potential: _____

6. Service life of current A.R. material: Tones of Throughput: _____ Mths. Of Service _____

7. Primary type of wear: Sliding Abrasion () Gouging Abrasion () Impact ()

8. Abrasive feed material being handled: _____

9. Particle size of feed material: _____

10. Annual Throughput: _____

11. Degree of Impact: () High () Med. () Low Max. Free Fall Height: _____

12. Other Application Details: _____

Thank you for your interest in CANADIAN WEAR TECHNOLOGIES