EMUGE

Test-A-Tool Mill Application Form

Copy and Fax or Mail

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Customer Information

Distributor Name:			**End User Name:**		
City:	**State:**	**Zip:**	**Division:**		
Phone: ( )	**Fax:** ( )		**Street:**		
Contact Person:			**City:**	**State:**	**Zip:**
Purchase Order #:	**Date:**		**Phone:** ( )	**Fax:** ( )	
Ship Via:	**To:**		**Contact Person:**		
End User Reference #:	**EMUGE Order #:**		**EMUGE Customer:** ❑ Yes ❑ No	**Needs Catalogs:** ❑ Yes ❑ No	**Needs Engineer:** ❑ Yes ❑ No

Mold Milling Application

Machine Type:	**Year of Manufacture:**	**Control Type:**	
Maximum RPM of Spindle:	**Maximum Feed Rate:**	**Material:**	**Hardness:**
Minimum RPM of Spindle:	**Minimum Feed Rate:**	**Tool Holding System:**	**Programming Method:**

Test Criteria

Please detail what factors will contitute a successful test:

Test Tools Recommended

Tool Recommendation:

Recommended Cutting Parameters: ❑ Inches ❑ Metric

Quantity:	EDP#:	Description:	Speed (RPM):	Feed (mm/min):	SFM (m/min):	Depth of Cut:	Chip per tooth: