

# Welding Evaluation Request Form



AMADA MIYACHI AMERICA

Date:

## CUSTOMER INFORMATION

## Opportunity Name:

Contact Name	
Title	
Company	
Address	
Phone	
Mobile	
Email	

End Product Made:			
Dist./Rep.			
Regional Manager:			
Return samples to:	Rep: <input type="checkbox"/>	Cust: <input type="checkbox"/>	RM: <input type="checkbox"/>
Confidentiality	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Agreement Required?	On <input type="checkbox"/>	Rec: <input type="checkbox"/>	N/A: <input type="checkbox"/>

## PROJECT INFORMATION

New application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existing equipment (describe):		
New equipment required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed new equipment:		
Production rate:	parts/hr	
No. of units required?		
<input type="checkbox"/> Automation	<input type="checkbox"/> Bench	
Weld head actuation: <input type="checkbox"/> Electromagnetic <input type="checkbox"/> Air <input type="checkbox"/> Foot		

Is the project budgeted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Budget per system: \$		
How soon is the equipment required?		
<input type="checkbox"/> Low- 3 or more months, sample turnaround 15 days		
<input type="checkbox"/> Medium- 1-3 months, sample turnaround 10 days		
<input type="checkbox"/> Urgent- 1 month or less, sample turnaround 5 days		
Available Facility Power:		
Voltage:	Phases: 1 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Industry:</b>		

## APPLICATION INFORMATION

Weldments:	Part 1:	Part 2:	Part 3:
Material:			
Size:			
Shape:			
Plating:			
Insulation:			

## SOLUTION CRITERIA

Mechanical Strength, Visual Appearance, Etc.	Assembly Sketch/Notes (attach further details):