

TO: LORS Machinery, Inc.

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Inquiry No. _____

Date _____

SUBJECT: WELDING APPLICATION QUESTIONNAIRE

CUSTOMER: _____

ADDRESS: _____

PHONE NUMBER: _____ EXT: _____

ATTENTION: _____ TITLE: _____

REQUESTED BY: _____

SEND PROPOSAL TO: CUSTOMER REPRESENTATIVE

DESCRIPTION OF PART IDENTIFICATION:

PRODUCTION REQUIREMENTS: _____ HOUR _____ YEAR

MATERIAL:

TYPE: _____ TO _____

THICKNESS OR
DIAMETER: _____ TO _____

TUBE WALL
THICKNESS: _____ TO _____

LENGTH: _____ MINIMUM _____ MAXIMUM

WIDTH: _____ MINIMUM _____ MAXIMUM

HEIGHT: _____ MINIMUM _____ MAXIMUM

AVAILABLE POWER: _____ VOLTS _____ HERTZ _____ AMPERES

AVAILABLE AIR SUPPLY: _____ PSI

AVAILABLE WATER SUPPLY: _____ GPM AT _____ PSI

PRESENT METHOD OF PRODUCTION:

ARE SAMPLES AVAILABLE? YES NO

ARE PRINTS AVAILABLE? YES NO

CAN DESIGN CHANGES BE MADE? YES NO

WHAT ARE STRENGTH AND APPEARANCE REQUIREMENTS?

