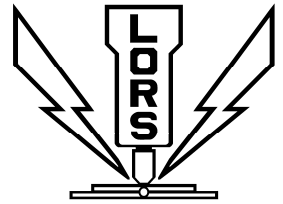


WELD SAMPLE REQUEST FORM



Customer: _____

Address: _____

City / State / Zip: _____

Contact: _____

Date: _____ Submitted By: _____ Proposal #: _____

Date Needed: _____ [RUSH] [ASAP] [AT RANDOM]

Project: _____

MATERIAL TYPE

Top: _____ Thickness: _____ Bottom: _____ Thickness: _____

SUGGESTED VARIABLES

Machine/Gun: _____ ELECTRODES: Upper: _____

Lower: _____

ARMS: Upper: _____ Lower: _____

Restrictions (maximum current, projections, markings, etc.):

Other Comments: (use back of page for sketches if needed)

SETTINGS AND READINGS (technical dept. use only)

1° Squeeze _____	Slope up _____	Weld Force _____
Squeeze _____	Slope down _____	Airline pressure _____
Weld Time _____	Forge _____	Quench _____
% current _____	Weld Time 2 _____	Temper _____
Hold _____	% current 2 _____	Trans. Tap # _____
Impulse _____	cool / cold 2 _____	_____
cool / cold _____	_____	_____
OFF _____	_____	_____