## (FORGING) Name of the Customer & address Contact persons - Technical (with phone nos.) Contact persons – Commercial (with phone nos.) Cold: Hammer: Hot Warm: 1. Type of Forging Screw: Any other specify: Specify whether it is closed die or 2. open die forging 3. Type of Press(es) 4. Capacity of Press(es) (in Tons) 5. Components forged (names) Temperature of the Dies and 6. material while forging Weight of the Components 7. Drawing of the application (pl. 8. enclose) **HEAT TREATMENT DETAILS** 9. Preheating (Type of Furnace) Post Treatment 10. 11. Supplier Name & Address Grade using: 12. Consumption per Month: Price By Swabbing 13. Method of Application By Manual Spraying By Auto Spraying System 14. Spray system details 15. Tank capacity 16. **Dilution Ratio** 17. Frequency of Usage per Component Any problems faced due to usage of 18. present Lubricant Any specific modifications required 19. in product. Water Based: 20. Interested for using Oil Based: Sample Qty. required: Kindly ensure all the columns are filled for our better analysis

**TECHNICAL INFORMATION** 

DATE:	SIGNATURE: