

**Quote Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Qty: \_\_\_\_\_

<b>Application</b>	<b>Material</b>
<input type="checkbox"/> Chop Saw	Material Type: _____
<input type="checkbox"/> Cut off Blade	Material Thickness: _____
<input type="checkbox"/> Rip Blade	Moisture Content: _____
<input type="checkbox"/> Other	
<input type="checkbox"/> Cutting Above Material	
<input type="checkbox"/> Cutting Below Material	

**Specifications**

Feed Rate: \_\_\_\_\_ RPM: \_\_\_\_\_

Finished Carbide Diameter: \_\_\_\_\_ Plate Thickness: \_\_\_\_\_ Bore: \_\_\_\_\_

Tooth Count: \_\_\_\_\_ Hook: \_\_\_\_\_ Kerf: \_\_\_\_\_ Tooth Pattern: \_\_\_\_\_

Expansion Slots: \_\_\_\_\_ Pinholes: \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_

\_\_\_\_\_