

ENQUIRY FORM

Please complete the enquiry form and scan and e-mail or fax to your nearest Hollfelder/Guhring subsidiary or send direct to info@hollfelder-guehring.de
An online enquiry can be found at www.hollfelder-guehring.de

Company name/No. if available _____ ☐ new customer

Contact _____

Address _____

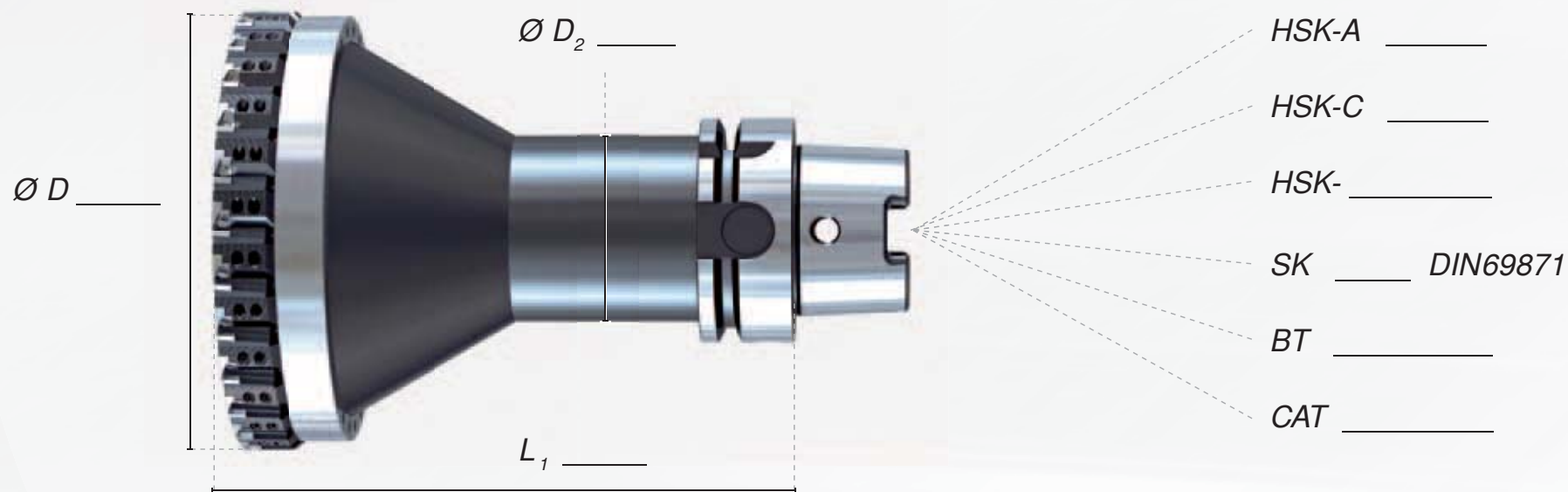
Town/post code _____

Telephone _____

e-mail address _____

Date _____

Signature _____



Workpiece _____

Width of cut (ae) _____

Maximum no. of teeth ☐

Material _____

IC (bar) _____

Reduced no. of teeth _____

Allowance (ap) _____ (max. 2 mm!)

Surface finish (Rz) _____

Maximum tool weight _____

Semi-standard

$L_1 = 150 \text{ mm}$ ☐

$L_1 = 175 \text{ mm}$ ☐

$L_1 = 200 \text{ mm}$ ☐