



Transmittal Form

Use this handy form to fill in pertinent information concerning your company and the sample part(s) to be electropolished. Attach your card and ship your sample part(s).

Part Information

Part #: _____

Description: _____

Material: _____

Last Mfg.

Operation: _____

Special Tolerances?

Yes ____ No ____ If yes, please include a print outlining critical areas.

Need a Quote? Yes ____ No, not at present ____

If yes, please indicate:

Lot Sizes: _____

Annual Volume: _____

Packaging Requirements: _____

Please describe the metal surface problem and what your present solution is:

Please describe which specific surfaces are most critical to electropolish:

Place the sample part(s) and this form in a box and ship to:

Able Electropolishing Co., Inc.

2001 S. Kilbourn Avenue

Chicago, IL 60623-2390

773-277-1600

Please attach your business card or complete information below:

Company Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact Name: _____

Contact Title: _____

Telephone: _____

Fax: _____

E-Mail: _____