

## METALFORMING LUBRICANT SURVEY

Company \_\_\_\_\_ Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

### Metals and Operations

1. Description of formed part: \_\_\_\_\_  
 2. Metal Information

Metal Type	Grade/Alloy	Gauge/Thickness in inches	Metal Form			
			Coil	Blank	Parts	Other
Hot Rolled						
Cold Rolled						
Aluminum						
Galvanized						
Painted						
Enamel						
Copper						
Brass						
Other						

3. Department: \_\_\_\_\_ 4. Number of Presses: \_\_\_\_\_ 5. Press Type: \_\_\_\_\_ 6. Tonnage: \_\_\_\_\_  
 7. Die Type:  Single  Compound  Progressive  Transfer  Other: \_\_\_\_\_  
 8. Type of Operation(s):  Bending  Blanking  Stamping  Deep Draw: Draw Depth \_\_\_\_\_ / \_\_\_\_\_  
 RollForming  HydroForming  Piercing/Punching  Extruding  Other: \_\_\_\_\_

### Account, Product and Competitive Information

9. Present lubricant supplier(s): \_\_\_\_\_  
 10. Product Name(s): \_\_\_\_\_  
 11. Product Type:  Straight Oil  Vanishing  Soluble  Synthetic  Paste  Dry Film  Other: \_\_\_\_\_  
 12. **Lubricant Use Form**                      **Mix/Ratio**                      **Quantity Used**                      **Price/Gallon**  
 Diluted with Water \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ Drums \_\_\_\_\_ Totes \$ \_\_\_\_\_  
 Diluted with Oil \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ Drums \_\_\_\_\_ Totes \$ \_\_\_\_\_  
 Diluted with Solvent \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ Drums \_\_\_\_\_ Totes \$ \_\_\_\_\_  
 Used As Is \_\_\_\_\_                      N/A                      \_\_\_\_\_ Drums \_\_\_\_\_ Totes \$ \_\_\_\_\_  
 13. Lubricant Application Method:  Spray  Roller  Drip  Dip/Immersion  Other: \_\_\_\_\_  
 14. Storage time after process: \_\_\_\_\_ Storage Conditions: \_\_\_\_\_  
 15. Corrosion protection required:  No  Yes: How long \_\_\_\_\_  Indoor  Outdoor  Not Needed  
 16. Type of post cleaning:  Alkaline  Acid  Vapor Degreased  Phosphate  In-house  Outside

### Salesman Comments: (Use reverse side for additional comments)

1. What must we do to obtain this business? \_\_\_\_\_  
 2. Test Sample Size Required: \_\_\_\_\_ 3. Do you have date for test?  No  Yes: \_\_\_/\_\_\_/\_\_\_

Sample Sent: <input type="checkbox"/> Yes    Product: _____    Size: _____    By: _____    Date: ___/___/___ Comments: _____ _____ _____
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