

BLADE RECOMMENDATION CHECKLIST

Complete by: _____ Date _____

CONTACT MORSE TECHNICAL ASSISTANCE
 Complete and Fax to: 1-800-729-1112
 OR CALL 1-888-422-6362
 OR VISIT www.bladewizard.com

USER INFORMATION

Company: _____
 Address: _____

 Contact: _____
 Phone No.: _____

DISTRIBUTOR INFORMATION

Company: _____
 Address: _____

 Contact: _____
 Phone No.: _____
 Fax No.: _____
 e-mail: _____

BLADE INFORMATION

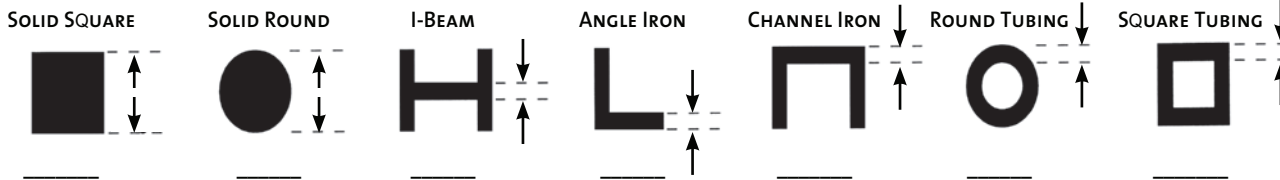
Manufacturer: _____
 Length: _____ Width: _____
 Thickness: _____ Tooth Pitch: _____
 Type: Carbon Matrix M42 Other _____
 Monthly blade usage: _____
 Current blade distributor: _____
 Current blade cost: \$ _____ (ea.)

MACHINE INFORMATION

Make: _____
 Model: _____
 Vertical Horizontal
 Blade Speed (sfm): _____
 Feed Rate: _____

APPLICATION INFORMATION

On the line provided below each icon, provide **material width** and **wall thickness** (where applicable) for each material type being cut



TYPES OF CUTTING

(Check all that apply)

- Single Piece Cut-off
 Bundled Cut-off

1. Number of pieces: _____ 2. Check each configuration that applies:



MATERIALS BEING CUT

(Check all that apply)

TYPE	GRADE
<input type="checkbox"/> Non-Ferrous	_____
<input type="checkbox"/> Mild Carbon Steels	_____
<input type="checkbox"/> Tool Steels	_____
<input type="checkbox"/> Stainless Steels	_____
<input type="checkbox"/> Super Alloys	_____
<input type="checkbox"/> Other	_____

PRODUCTION USAGE (PER DAY)

- Light (2 hrs. or less)
 Medium (3-6 hrs.)
 Heavy (7 hrs. or more)

PROBLEMS WITH PRESENT BLADE

- Breaking blades Premature dulling
 Tooth strippage Crooked Cut
 Cost No Problems



BLADE RECOMMENDATION

