



Quote Request



**Please submit online
or by fax to 612-331-4230**

1400 Marshall Street NE
Minneapolis, MN 55413
Phone 612.331.4224
Toll Free 888.749.4361
Fax 612.331.4230
www.phygen.com

CUSTOMER INFORMATION

Date _____

Company Name _____

Address _____

Contact Name & Title _____

City _____ State _____ Zip _____

Email or Phone Number _____

Fax Number _____

COMPONENT HISTORY

Manufacturer: _____

New Part Used Part

Part Name & Number: _____

Downtime: Hrs. _____ \$ _____

Material: _____

Service Life: _____

Weight: _____

Total Cost per Part: _____

Overall Dimensions: W L/Dia Ht

Number Used per Year: _____

Total Annual Cost:
(excluding downtime) _____

Solutions Presently or Previously Used:

- None Hard Chrome CVD TD Thermal Spray Heat Treatment
 Repair PVD Other _____

Which of the following wear mechanisms best characterizes the reason for component failure?

- Galling/Fretting Corrosion Oxidation Cavitation
 Erosion/Abrasion Release Other _____

Please describe the component function and operating conditions (i.e. pH/operating temperatures)

HEAT TREATMENT CYCLE OF TOOLING / COMPONENT TO BE TREATED

This section to be completed with the assistance of your Phygen Representative.

Method Vacuum Salt Bath Atmospheric Fluidized Bed

Austenitizing _____ °F _____ Minutes

Quenching _____ °F _____ Minutes

Temper _____ °F _____ Minutes

Number of Tempers _____ Resulting Hardness _____ (Rockwell C)

WORK REQUESTED

SPECIAL SERVICES

Please attach a print / sketch and/or a photograph of the component including its dimensions and tolerances. Please indicate the critical surfaces to be coated.

Strip Existing Coating

Polishing

Coat Only

Hot Rush Processing

Lab Analysis of Current Component

Please Describe any Masking Requirements

Please Describe any Special Coating Thickness Requirements

Please identify any regulatory / quality compliance matters (for example FDA/AMS 2444)

FOR PHYGEN OFFICE USE

Reference # _____