



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

Pre/Post-Coat 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 # _____