



Customer		<input type="checkbox"/> Offer requested
Reference		Sketch:
Address or Customer Nr.		
Contact		
Tel.:		

Description			Processing						
Article Nr. Description	Quantity	Ø	Regrind Complete	Regrind Only end face	Corner radius Dimension	Grind Neck	See Sketch	Recoat	Special details

Location / Date: _____

Signature: _____