

APPLICATION FORM - MEASURING SERVICE

CUSTOMER DATA

Company name:

Contact Person:

Phone number:

E-mail address:

DETAIL INFORMATION

Detail Name:

Number of pieces to measure:

Number of features to be measured (mark them additionally on the drawing):

Material:

INFORMATION ABOUT THE CUSTOMER'S MACHINE (when inquiring about a measurement program)

Type of machine:

Software:

Measuring head:

MEASUREMENT REPORT INFORMATION

Please provide your guidelines on what exactly the measurement report should contain:

<input type="checkbox"/> Graphic marking of features (known as bubbling)	<input type="checkbox"/> Part name	<input type="checkbox"/> Technical drawing of the detail
<input type="checkbox"/> Detail model	<input type="checkbox"/> Results in mm	<input type="checkbox"/> Document in .PDF format
<input type="checkbox"/> Color coding of the deviations	<input type="checkbox"/> Results in cal	<input type="checkbox"/> Document in .XLSX version

ADDITIONAL INFORMATION

Please write any additional comments on the execution of the order: