



# 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

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

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**FOR PHYGEN OFFICE USE**

Reference # \_\_\_\_\_