

BLADE RECOMMENDATION CHECKLIST



After completing the checklist, please see product chart on back page or
Contact Morse Technical Assistance
 Complete and Fax to: 1(330) 453-1111
 or call 1(330) 453-8187 or visit www.bladewizard.com

Complete by: _____

Date: _____

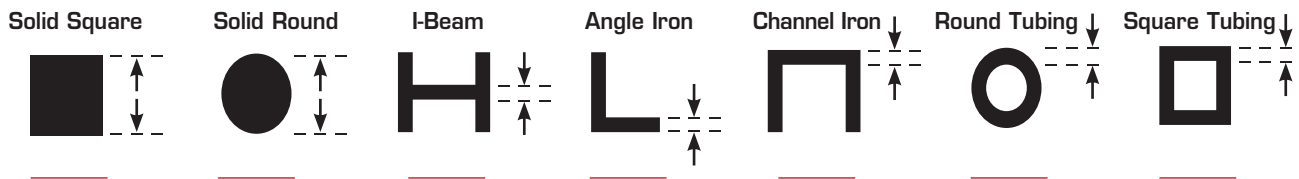
User Information	Distributor Information
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Company: _____	Company: _____
Address: _____	Address: _____
Contact: _____	Contact: _____
Phone No.: _____	Phone No.: _____

Current Blade Information	Machine Information
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Manufacturer: _____	e-mail: _____
Length: _____ Width: _____	Machine Information
Thickness: _____ Tooth Pitch: _____	
Type: <input type="checkbox"/> Carbon <input type="checkbox"/> Matrix <input type="checkbox"/> M42 <input type="checkbox"/> Other	Make: _____
Monthly blade usage: _____	Model: _____
Current blade distributor: _____	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal
Current blade cost: \$ _____ (ea.)	Blade Speed (sfm): _____
	Feed Rate: _____

Application Information



On the lines provided below each icon, **list material width** and **wall thickness** (if applicable) for each material type being cut

Types of Cutting

(Check all that apply)

Single Piece Cut-off

Bundled Cut-off

1. Number of pieces: _____ 2. Check each configuration that applies:



Materials Being Cut	Production Usage (per day)
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(Check all that apply)

- Type**
- Non-Ferrous
- Mild Carbon Steels
- Tool Steels
- Stainless Steels
- Super Alloys
- Other

Grade

- Light (2 hrs. or less)
- Medium (3-6 hrs.)
- Heavy (7 hrs. or more)

Problems with Present Blade

- Breaking blades
- Tooth strippage
- Cost
- Premature dulling

Blade Recommendation
