

NAME.....

DATE...../...../.....

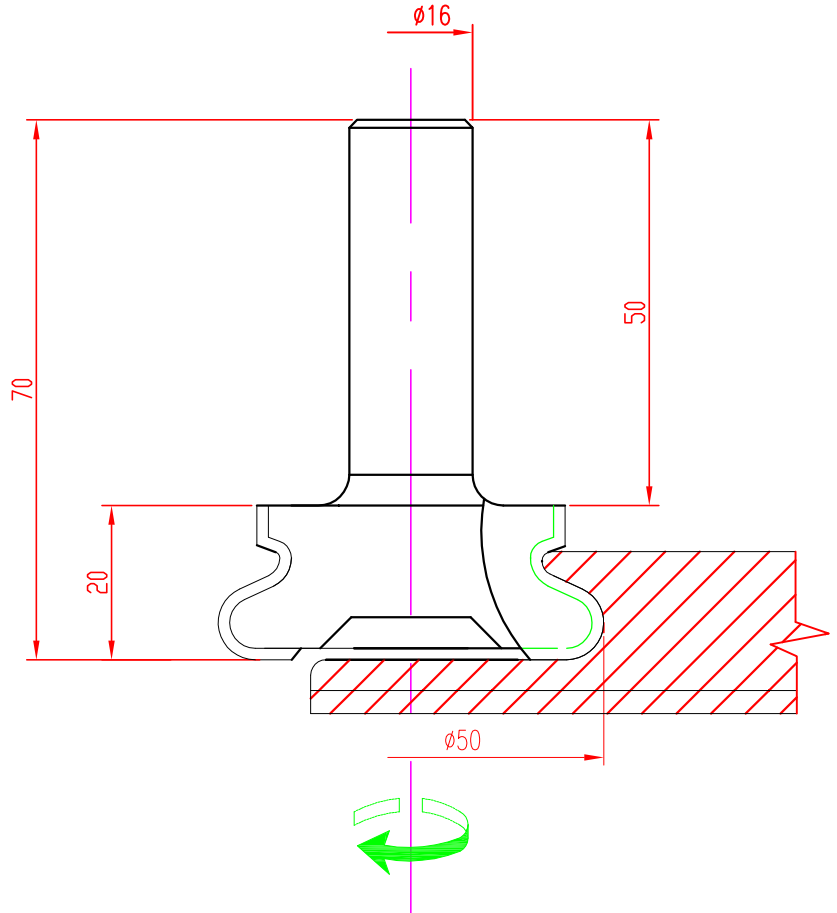
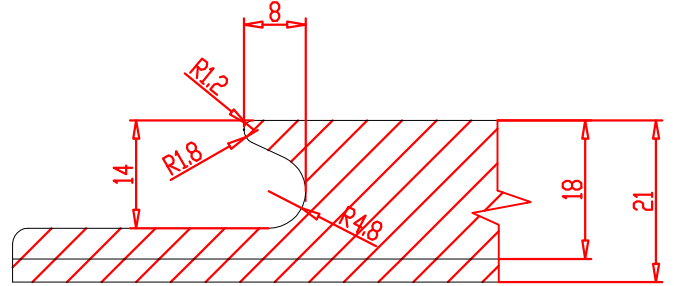
SIGNATURE.....

Attn.

Please Check dimensions and Tick checklist then sign for approval and return fax so production of tools can start ASAP. Once Signed customer has accepted all responsibility for dimensions of tool. No returns or refunds.

LEITZ TOOLING SYSTEMS PTY. LTD.
 Unit 2/55 Barry St , Bayswater VIC 3153
 PHONE. 03 9760 4000
 FAX NO. 03 9760 4099

TOOLING CHECKLIST		ORDER INCLUDES	
Rotation	RH	Cutter / s	✓
Shank Size	16mm	Spacer	✗
Max Diameter	50mm	Shims	✗
No. of Teeth	Z2	Split Pins	✗
Timber Sample (See Drawing)		Hydro Sleeve	✗
Max. RPM	18000	Shrink Chuck	✗
Mech Feed		Ball Bearings	✗



MEC FEED

PROTECTION DIN 34-1-1 D	2016 drw.	Date	Name	leitz	Plant 3153 BAYSWATER AUSTRALIA	SALES ORDER NO: 100XXXX
TOLERANCES to LEITZ - WERKNORM	exa. det.					Article-No. <u>W</u> x <u>x</u> x <u>x</u> <u>x</u> <u> </u>
TOOL QUAL. HW	FINGER PULL ROUTER					Ident-No. <u>785008438</u> / <u>xxxxxxx</u>
SCALE 1:1	LEITZ STANDARD					