



Grinder Blade Quotation Request

To request a quote, complete this form and save. Open an email and attach the saved form. Email to: Sales@ServicesForPlastics.com

Contact Information:

Company: _____

Name: _____

Job Title: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Account Number (If known): _____

Phone: _____

Email: _____

Type of Business: _____

How you found us: _____

Quotation Information:

Machine Make: _____

Model Number: _____

Rotor Style:

Number of Rotor Blades: _____

Length: _____

Width: _____

Thickness: _____

Edge Type: _____

Number of Mounting Holes: _____

☐ Straight through ☐ Countersunk ☐ Counterbore

Bed Style:

Number of Bed Blades: _____

Length: _____

Width: _____

Thickness: _____

Edge Type: _____

Double Cutting: ☐ Yes ☐ No

Number of Mounting Slots: _____

Other Information: