

# Anfrageformular für MKD-Wendeschneidplatten

## Inquiry form for MKD-inserts

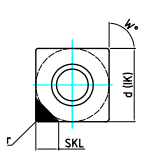
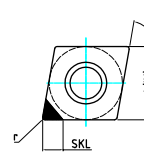
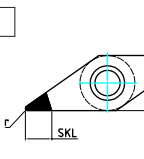
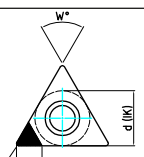
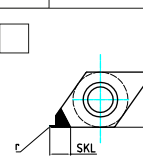
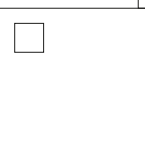




Datum / Date \_\_\_\_\_

Kd.-Nr. / Customer No. \_\_\_\_\_

Anschritt Address	Firma Company		Ansprechpartner Contact person	
	Adresse Address		Abteilung Department	
			Telefon Phone	
			E-Mail E-Mail	

Werkstück Workpiece	Werkstück / Zchg.-Nr. Workpiece / Design No.		Weitere Angaben Additional information	
	zu bearb. Werkstoff Material to machined			
	Werkstoffbez. / Nr. Material designation/No.			

Schneidplattenangaben Inserts data	Bezeichnung der Schneidplatte Designation of the insert				Stückzahl Quantity	
	Schneidplattenform Insert shape		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 			
			<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		Ausführung Typ	
	Freiwinkel $\alpha$ Clearance angle $\alpha$		<input type="checkbox"/> N 0° <input type="checkbox"/> B 5° <input type="checkbox"/> C 7° <input type="checkbox"/> P 11° <input type="checkbox"/> D 15° <input type="checkbox"/> _____°		W _____°	
	Spanwinkel $\gamma$ Chip angle $\gamma$		<input type="checkbox"/> 0° <input type="checkbox"/> _____		SKL _____ mm	
	Ausführung Typ		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> _____		r _____ mm	
	Ausführung Schneide Edge condition		<input type="checkbox"/> F scharfkantig sharp <input type="checkbox"/> E verrundet rounded <input type="checkbox"/> T gefast chamfered <input type="checkbox"/> _____		d _____ mm	
	Weitere Angaben Additional information				Schneidrichtung Cutting direction	
	Skizze Sketch				<input type="checkbox"/> rechts right hand <input type="checkbox"/> links left hand	