

APPLICATION DATA SHEET

Name _____	Title _____
Company _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	
<b>Please check your Industrial Classification:</b>	
<input type="checkbox"/> Food <input type="checkbox"/> Textile <input type="checkbox"/> Aerospace <input type="checkbox"/> Machine Tool <input type="checkbox"/> Pharmaceutical	
<input type="checkbox"/> Packaging Equip. <input type="checkbox"/> Oil/Gas/Mining <input type="checkbox"/> Plastics/Rubber <input type="checkbox"/> Electronics/Bus.	
Equip. <input type="checkbox"/> Other _____	
My Requirement is (check one): <input type="checkbox"/> 1-6 Mos. <input type="checkbox"/> 7-12 Mos. <input type="checkbox"/> 12+ Mos.	
Description of Part/Part#/Drawing:    Size (approx. dimension): _____	
Weight: _____    What is the application? _____	
_____ <input type="checkbox"/> Production <input type="checkbox"/> Prototype	
<b>Present coating used and performance problem:</b>	
_____	
_____	
_____	
<b>Production Requirements, Annual:</b> _____	
<b>Property Requirements: (i.e. Hardness, wear resistance, abrasion resistance, corrosion resistance, low friction, fatigue strength, fretting, etc.</b>	
_____	
_____	
<b>Specifications: Metal or Alloy</b> _____	
<b>Surface Finish:</b> _____	
<b>Surface Contact Pressure, PSI: Static</b> _____ <b>Dynamic (Unidirectional)</b> _____	
<b>Dynamic (Reciprocating)</b> _____	
<b>Dimensional Tolerance:</b> _____	
<b>Approvals Required (Mil. Spec., USDA, etc.):</b> _____	
<b>Operating Conditions: Mating mat'l/coating</b> _____ <b>Temp: min.</b> ____ <b>max:</b> ____	
<b>Other substances in contact with part</b> _____	

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