

DESIGN YOUR OWN BRUSH

Date: _____ Name: _____ Company: _____ Address: _____ Phone: _____ E-Mail: _____	
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Physical Sample Verbal Sample Customer Drawing Photo

Description/Brush Application Notes:

COMPLETE ALL SECTIONS - (Use N/A where applicable)

Annual & Per-Run Volumes	
Overall Length	
Length of Brush Part	Brush Part Only <input type="checkbox"/> Tip to end of crimp <input type="checkbox"/>
Brush Diameter/Trim	
Tip Length	Crimp Length <input type="checkbox"/>
Special Style Tip	Closed Nose <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/>
Core Wire	Diameter <input type="checkbox"/>
Stem	Diameter <input type="checkbox"/> Overtwist <input type="checkbox"/> Length <input type="checkbox"/>
Stem Material	Stainless Steel <input type="checkbox"/> Brass <input type="checkbox"/> Other (Describe) <input type="checkbox"/>
Fill Material	Nylon <input type="checkbox"/> Phosphor Bronze <input type="checkbox"/> Aluminum Silicate <input type="checkbox"/> Other <input type="checkbox"/>
Fill Diameter	Additional/Desc: <input type="checkbox"/> Shape: <input type="checkbox"/> Hollow <input type="checkbox"/> Solid <input type="checkbox"/>
Fiber Count	Fiber Count <input type="checkbox"/> Coil Count <input type="checkbox"/> Gram Weight <input type="checkbox"/>
Finger Loop	Yes <input type="checkbox"/> No <input type="checkbox"/> Inside Dia. <input type="checkbox"/> Outside Dia. <input type="checkbox"/>
Handle / Tubing	Handle Length <input type="checkbox"/> Width <input type="checkbox"/> Tube Length <input type="checkbox"/> I.D. <input type="checkbox"/> O.D. <input type="checkbox"/>
Tip Protection	Soldered <input type="checkbox"/> Z-Tip <input type="checkbox"/> Acrylic <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>
Testing Specs	Pull <input type="checkbox"/> Torque <input type="checkbox"/> Other Describe <input type="checkbox"/>
Bead	Color <input type="checkbox"/> I.D. <input type="checkbox"/> Shape <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/>
End User Packaging (Describe Instructions)	Bag/Qty. <input type="checkbox"/> Box /Qty. <input type="checkbox"/> Outer Tube <input type="checkbox"/> Label <input type="checkbox"/> N/A <input type="checkbox"/>
Outer- Tubing / Label / Desc. Other	I.D. <input type="checkbox"/> O.D. <input type="checkbox"/> Length <input type="checkbox"/> Label Size <input type="checkbox"/> N/A <input type="checkbox"/>

Inspectors Initials/Stamp _____ **Date** _____

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