

**TOX®-Test Order Form**

P.O. No. ....

Please return by fax for prompt action.

**TOX® OFFERS YOU THE ONLY RELIABLE WAY TO THE APPLICATION OF CLINCHING TECHNOLOGY:**

**TOX® Test Report:** contains all relevant data of the application, with guaranteed strength values of the TOX®- joint.

**TOX® Tool Data Sheet:** included with each delivery of TOX® Tools. Contains valuable information for your production and maintenance departments.

**TOX® Data Base:** constantly updated. Contains all available information on your tools and application.

**Please fill in the following information:**

<p><b>Name:</b> .....</p> <p><b>Company:</b> .....</p> <p><b>Street:</b> .....</p> <p><b>City:</b> ..... <b>State:</b> .....</p> <p><b>Zip:</b> ..... <b>Country:</b> .....</p> <p><b>Tel:</b> .....</p> <p><b>Fax:</b> .....</p> <p><b>E-Mail:</b> .....</p>	<p><b>Choose from the following TOX® Test alternatives:</b></p> <p>1. TOX® Test Report: <b>thirty (30) coupon samples of each material must be sent to us prepaid.</b>  <b>Coupon size: 1" wide x 4" long.</b> <span style="float: right;">No Charge <input type="checkbox"/></span></p> <p><b>Additional Test to 1:</b></p> <p>2. Prepare coupon samples from supplied components.                  Number of hours ..... x \$70.00/hr = \$ <span style="float: right;"><input type="checkbox"/></span></p> <p>3. Joining of prototype samples*.                  Quantity .....pcs.                  Number of hours ..... x \$70.00/hr = \$ <span style="float: right;"><input type="checkbox"/></span></p> <p><i>* If special tooling is required to join prototypes, customer will be notified of any additional cost before proceeding with samples.</i></p>
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**TOX® Application Information:**

Application: .....	Program: .....	Production rate: ..... /yr.
Desired/required strength of the joint: Shear .....	(lbf), Pull .....	(lbf), Don't know <input type="checkbox"/>
Expected startup date: ...../...../.....		

**The following information is required for the TOX® test:**

<p>Material (punch side):                  SAE .....</p> <p>Thickness: ..... mm ..... in.</p> <p>Coating (type, thickness):                  1 .....                  2 .....</p> <p>Surface: dry <input type="checkbox"/> oily <input type="checkbox"/></p>	<p>Punch Side</p> <p>Die Side</p>	<p>Material (die side):                  SAE .....</p> <p>Thickness: ..... mm ..... in.</p> <p>Coating (type, thickness):                  3 .....                  4 .....</p> <p>Surface: dry <input type="checkbox"/> oily <input type="checkbox"/></p>
Sandwiched layers: no <input type="checkbox"/> yes <input type="checkbox"/> How many?: ..... Please provide detail drawings.		

Please provide any additional available information / sketches / drawings.