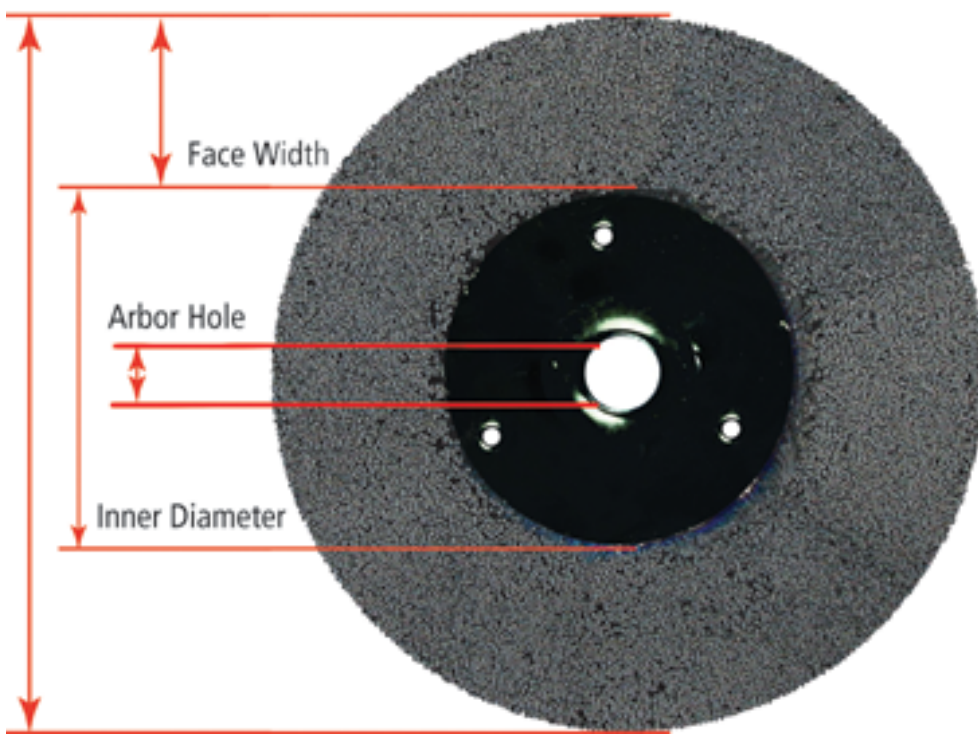


Special ATB Disc Brush Request Form

Territory _____

Outer Diameter



End User _____

Distributor _____

Contact Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

E-Mail _____

Customer Drawing Available:

YES ☐

NO ☐

Date _____

Outer Diameter	Inner Diameter	Brush Style	Trim Length	Face Width
Fill Material	Grit	Fill Diameter	RPM	Fill Style

Brush Run in sets YES ☐ NO ☐

If Yes, How many _____

Equipment Used: _____

Block Material _____

Arbor Hole _____

Drive Pin Location, Number & Size _____

Comp. to Stock Product # _____

Variation _____

Method now being used _____

Desc. if Competitor Brush _____

Price _____

Stock Brushes Tested _____

Result _____

Yearly Potential _____

Order Quantity _____

Application _____

Samples Needed YES ☐ NO ☐

of Samples _____

Comments _____



5401 Hamilton Ave.

Cleveland OH 44114

Phone: (800) 720-3358 (216) 361-1900

Fax: (216) 361-1913

www.osborn.com

marketsupport@osborn.com