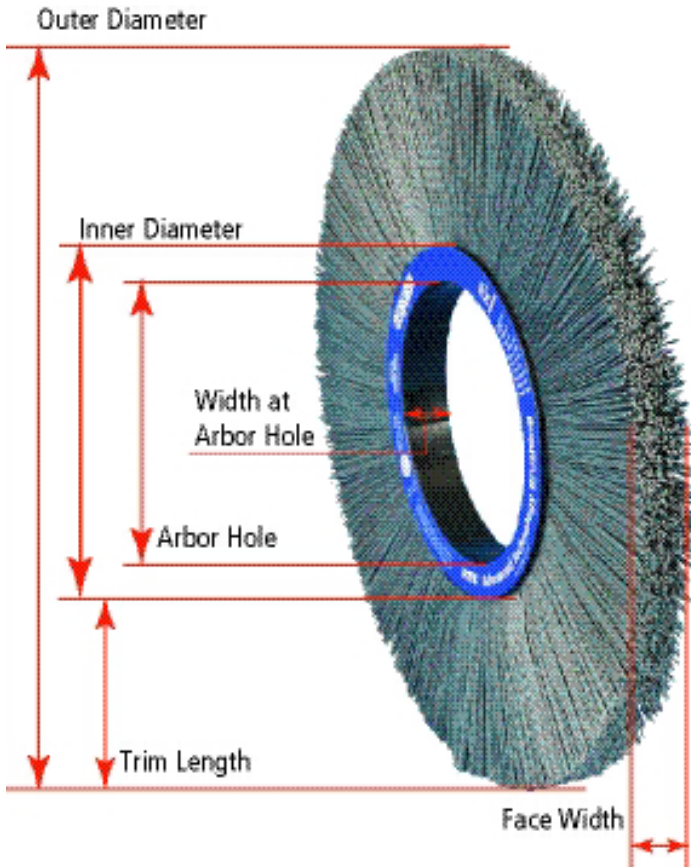


Special ATB Wheel Brush Request Form

Territory _____



End User _____
 Distributor _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail _____

Customer Drawing Available: YES ☐ NO ☐ Date _____

Outer Diameter	Inner Diameter	Arbor Hole	Width at Arbor Hole	Trim Length
Fill Material	Grit	Face Width	RPM	Fill Style

Brush Run in sets YES ☐ NO ☐ If Yes, How many _____

One Keyway	Two 180° Keyways	Square	Hex	Round	Other

Equipment Used: _____ Fill Diameter _____
 Comp. to Stock Product # _____ Variation _____
 Method now being used _____
 Desc. if Competitor Brush _____ Price _____
 Stock Brushes Tested _____ Result _____
 Yearly Potential _____ Order Quantity _____

Application _____

Comments _____

Samples Needed YES ☐ NO ☐ # of Samples _____



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