

Special Cup 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	Arbor Hole	Trim Length	Row Count/ Alignment	
Arbor Type	Fill Material	Fill Diameter	RPM	Fill Style

Equipment Used: _____

Metal Components: _____ Fill Density: _____

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 _____



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