

Your Company

Your Telephone #

Your Name

Your Fax #

## Heavy NiColoy® Plating Order/Quotation Form

Part Name/Number

Desired Hardness, R<sub>c</sub>

Number of Parts

**Material** 

72 Cascade Drive, Rochester, NY 14614 Phone: 585-454-5530 Fax: 585-454-5167 http://www.nicoform.com E-mail: inform@nicoform.com

Today's date:	
•	

PO/RFQ#		Heat treated? Y/N	Yes	No
Required By Date		Previously Plated?	Yes	No
Part Sketch Please s desired minimum de	show two views, part's appreposit thickness.	roximate dimensions, are	a(s) to be plat	ed,
NiCoForm's Quota	tion: Price Per Part: By:	Turnarou	ınd:	_

Please fax completed form to 585/454-5167. Expect a reply within 1 business day. Thank you

Taking the Stress out of Electroforming