Incoming Spindle Alert Form

Company Name: ____________________________

Address: ____________________________ City: __________ State: __________ Zip __________

Customer Contact: ____________________________ Email: __________ Phone: __________

Purchasing Contact: ____________________________ Email: __________ Phone: __________

TYPE OF MACHINE: ____________________________ SERIAL NUMBER: ____________________________

TYPE OF SPINDLE: ____________________________

MAXIMUM SPINDLE RPM: ____________________________

SPINDLE LUBRICATION: □ Grease □ Oil Mist □ Air/Oil

TYPE OF SPINDLE REPAIR REQUIRED: □ Emergency □ Standard Repair

TYPE OF PROBLEM WITH SPINDLE:

□ Mechanical □ Electrical □ Drawbar □ Hydraulics

ADDITIONAL COMMENTS

____________________________________________________________________________________

____________________________________________________________________________________

CUSTOMER SUPPLIED PARTS/TOOLING

____________________________________________________________________________________

SPECIAL SHIPPING INSTRUCTIONS:

____________________________________________________________________________________

CUSTOMER COMMENTS:

____________________________________________________________________________________

PLEASE INCLUDE A SPINDLE PRINT AND PARTS LIST IF AVAILABLE