



Advanced Magnet Source Corporation

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PROJECT/ PRODUCT INQUIRY

Fill out the form, or simply call to discuss your requirement with our magnet specialist

YOUR INFO:

Company: _____
 Your Name: _____
 Address: _____
 Address2: _____
 City: _____
 St/Prov: _____
 Zip/PC: _____
 Tel: _____
 Fax: _____
 e-mail: _____
 Website: _____
 Industry: _____

In order to proceed your request promptly and accurately, please provide as much information as possible for your magnet application:

- New project
- Existing application
- Is drawing available?

Selection of the magnet material, if known

- | | |
|---|---|
| <input type="checkbox"/> Alnico | <input type="checkbox"/> Bonded Magnets |
| <input type="checkbox"/> Ferrite (ceramic) | <input type="checkbox"/> Injection Molded |
| <input type="checkbox"/> NdFeB | <input type="checkbox"/> Magnet Assembly |
| <input type="checkbox"/> Samarium Cobalt | <input type="checkbox"/> not sure |
| <input type="checkbox"/> Other (please specify) _____ | |

Notes:

Please provide any additional information you Have regarding the magnet/magnet assembly Application. It may include:

_____	Material Grade
_____	Geometry
_____	Dimension and tolerances
_____	Direction of alignment or
_____	Special Markings
_____	Estimated Annual Usage
_____	Operating Temperature
_____	Inspection/Testing
_____	Packaging Requirements
_____	Others