

Please save this form to your computer, then fill in the information below and email tech@harveytool.com or fax to 978-948-8560.

Customer Name:

Company Name:
Address Line 1:

Thank you for participating in our Risk-Free Test Tool Program! We appreciate any feedback you can give us about the tool performance, so please fill out this form completely. If you are not satisfied with the performance of your test tool, the tool can be returned in any condition for full credit. An advanced written consent and RMA# are required before returning the tools. The tools, completed Feedback Form, and a copy of the RMA must be received within 90 days of the order for the credit to be issued.

Title:

Address Line 2:	
City, State:	Zip Code:
Phone:	Fax:
Email:	
Industries Served:	
Your Preferred Distributor*:	Distributor Contact Name:
Distributor Email:	Distributor Phone:
*Harvey Tool sells through select distribution in the United States and Canada. Please visit <u>www.harveytool.com/distributors</u> .	
PERFORMANCE RESULTS	
Tool Number:	PO Number:
Work Piece Material:	Speed (RPM):
Hardness:	Feed (IPM):
Machining Center:	Feed Type: ☐ Slotting ☐ Profiling ☐ Plunging
Type: □ Vertical □ Horizontal □ Lathe	Feed Direction: ☐ Conventional ☐ Climb
Max RPM:	Axial Depth of Cut:
Horsepower:	Radial Depth of Cut:
Work Holding:	Coolant:
What was your expectation of performance?	How did the tool actually perform?
Is there anything that would improve the cutter design or performance in your application? Are your retruming the test tool 2. □ No. □ You	
Are you returning the test tool? □ No □ Yes	RMA Number: