

MACHINE MAINTENANCE PROGRAM APPLICATION



Company Name: _____

Company Address: _____

Primary Point of contact:

Name: _____

Phone Number: _____

Email: _____

Locations:

Do you have multiple locations that you fabricate our product from? Yes No

If yes, list locations and corresponding machine(s).

Location A: _____	Machine(s):	Panel Former	Auto Break	Shear
Location B: _____	Machine(s):	Panel Former	Auto Break	Shear
Location C: _____	Machine(s):	Panel Former	Auto Break	Shear
Location D: _____	Machine(s):	Panel Former	Auto Break	Shear
Location E: _____	Machine(s):	Panel Former	Auto Break	Shear
Location F: _____	Machine(s):	Panel Former	Auto Break	Shear

Panel Forming Machine(s):

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Machine Capabilities:

Panel Profile(s) available (*Check all that apply):

100NS	150SS	450SL	5V
100SS	175S	550S	FW1
150NS	200S	Cap Seam	FWQ-100
150SL	450	Snap-On Batten	FWQ-150

Rib Option(s) available (*Check all that apply):

Clip Relief	Standard Bead	Small V	Small Pencil
Striations	Wide Bead	Large V	Large Pencil

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Auto Brake Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Shear Machine(s) if applicable:

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

Manufacturer: _____ Serial #: _____ Model: _____ Location: _____

EMAIL COMPLETED FORM TO MACHINEMAINTENANCE@DREXMET.COM