



# Protection Request

**\*Distributor Name:**  
**\*Distributor Address:**  
**\*City/State/Zip:**  
**Tel/Fax/Email:**

**\*Salesperson:**  
**Email:**  
**Phone:**  
**Date:**

**(\*Required for Registration, incomplete form will be deemed invalid)**

*Customer Name				
*Contact Person		Position		
*Company Address			Email:	
			Tel No.	( ) -
			Fax No.	( ) -
Material to Be Cut	What materials are cut? (Select all that apply from below)	% of time	Corresponding width of cut (in.)	Corresponding Weight (lb.)
	<input type="checkbox"/> Structured steel / Extrusion	_____ %	_____	_____
	<input type="checkbox"/> Aluminum	_____ %	_____	_____
	<input type="checkbox"/> Carbon steel	_____ %	_____	_____
	<input type="checkbox"/> Stainless	_____ %	_____	_____
	<input type="checkbox"/> Tool steel	_____ %	_____	_____
	<input type="checkbox"/> Nickel based alloys	_____ %	_____	_____
	<input type="checkbox"/> Others: _____	_____ %	_____	_____
Material Shape	Solid: (L x W x H) _____ Irregular: <input type="checkbox"/> Beam <input type="checkbox"/> Tube <input type="checkbox"/> Channel Iron <input type="checkbox"/> Other: _____			
Desired Capacity	Round: _____	Rectangle: _____ x _____		
Miter Cut?	If so, how often?			
Productivity	Daily output: _____ cuts / work day (8 hours)			
Power Supply	Voltage	_____ volts _____ phase	Frequency	60 Hz
Automation	<input type="checkbox"/> Programmable <input type="checkbox"/> Fully automatic <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Manual			
Tolerance of Cuts Required	Repeatability: +/- _____ Squareness: +/- _____			
Cut Length	Minimum _____ Maximum _____			
Other Requirements or Feature Requests				
General Budget Range		*Model Number		

Please Fax (704-943-1031) or E-mail ([info@cosensaws.com](mailto:info@cosensaws.com)) to Cosen Saws, North America to process your request.

**Registration is valid for 90 days and may be renewed**

***"The Pinnacle of Cutting Performance"***