



Burr King Mfg. Co., Inc.
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Warsaw, MO 65355
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VIBRATORY PROCESS FORM
End User

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Material/Compositions: \_\_\_\_\_

Process to follow finishing: \_\_\_\_\_

How many different parts are being furnished: \_\_\_\_\_

Will a sample finished part be furnished: \_\_\_\_\_ yes \_\_\_\_\_ no

Quantity to be processed per: Hours \_\_\_ Days: \_\_\_ Week: \_\_\_ Month: \_\_\_

Describe the desired finish or areas which need to be deburred, Please be specific:

\_\_\_\_\_  
\_\_\_\_\_

Preferred Vibratory Unit Size: \_\_\_\_\_

Does your shop already have a machine in place: \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, Brand \_\_\_\_\_ size: \_\_\_\_\_

Would you like calculations for parts per load: \_\_\_\_\_ yes \_\_\_\_\_ no

Please include any additional information needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_