



BURR KING MFG. CO., INC.

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VIBRATORY PROCESS FORM
Distributors & Representatives

Date: _____

Distributor/Rep _____

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:

If you would like to have these test parts sent back to the End User please fill out and enclose

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Contact: _____ Position: _____