

Laser Marking - Application Information Form

Please use this form if you would like Isotech to recommend a laser marking solution for your specific application.

Please print out, complete and fax to 215-631-9148

Contact Information

Your Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Isotech Salesperson: _____

Notes:

Please provide at least four to five samples of each part and identify the marking location. Sample marking turnaround times may vary.

Please provide samples (print, file, photo) of actual mark(s) to be applied.

About Your Product

Name of Part(s) to be marked: _____

Mark dimensions: _____

If mark is a barcode,

Please provide barcode reader information: _____

Type of material (Glass, Steel, Plastic, etc).

Include alloy or formula: _____

About Your Production

Production Rate, line speed, etc: _____

How many parts marked per day? _____

Comments

What do you consider, are the most important aspects of a laser system?

What are you looking to gain from laser marking? (cost savings, less maintenance)

Please provide specific information about your application (current marking problems, safety concerns, clean-room environment, ...etc) _____
