



Kerry Abrasives  
Clieveragh Industrial Estate  
Listowel, Co. Kerry, Irl

Phone: +353 68 23766  
Fax: +353 68 23870  
Email: info@kerryabrasives.com

### TRIAL REQUEST FORM

Customer:	_____	Date:	_____
Address:	_____	Requested Date:	_____
	_____	Contact Email:	_____
	_____	Contact Phone:	_____
Contact:	_____	Contact Fax:	_____

*In order to better enable us to furnish the best possible wheel for this test please complete the following information*

#### ***Details of Wheel Required***

Wheel Size:	_____	Type:	_____
Comments:	_____	Quantity:	_____
	_____	(If possible please complete relevant drawing on next page)	

#### ***Details of Current Wheel in Use***

Specification:	_____	Manufacturer:	_____
MOS:	_____	Annual Usage:	_____
		Normal Order Qty:	_____

#### ***Details of Material Being Ground/Cut***

Material:	_____	Dimensions:	_____
Hardness:	_____	Finish Required:	_____

#### ***Details of Machine in Use***

Make:	_____	Speed:	_____
Model:	_____	Coolant:	_____

#### ***Comments***

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