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|  | **SYNOVA S.A.**Route de Genolier 131266 Duillier / SwitzerlandTél. : +41 21 55 22 600 |

# Customer Sample Request Form (CSRF)

Thanks in advance to take a few minutes to fill this form in order for us to better understand your needs.

Please write “n/a” next to any question irrelevant to your process. Synova S.A. will treat all information herein as confidential.

|  |  |
| --- | --- |
| Date: |  |

1. **Company:**

|  |  |
| --- | --- |
| Company name: |  |
| Full address: |  |
|  Contact person: |  |
| Position in the company: |  |
| Email: |  |
| Tel. no: |  |
| Event. secondary contact person: |  |
| Position in the company: |  |
| Email: |  |
| Tel. no: |  |
| Carrier name (DHL/Fedex/UPS…): |  |
| Carrier account number: |  |

1. **Description of sample to cut**

|  |  |  |
| --- | --- | --- |
| Designation of product: |  |  |

**Description of the material of the sample:**

Please specify the material and thickness of the sample. If it is a multi-layer material, what is the composition and thickness of each layer?

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| --- | --- |
| Is the sample’s composition homogenous? |  |
| Particularity? |  |

1. **Description of sample test**

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| Please describe in detail how do you want us to process the sample. Please join sketches, drawings and if possible a DXF file according to the following criteria:* Centred dimensions. Centred references for the alignments if necessary
* Specify the functional areas and areas where bridges could be acceptable
* Minimum acceptable radius, if not mentioned
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1. **Sample test materials:**

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| Expected number of samples required for the feasibility tests? |
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| Expected number of samples required for the prototype phase? |
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| Expected number of samples required for the first series? |
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1. **Current Process**

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| What is the current manufacturing process? |
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| What are the current dimensional and roughness measurement tools? |
|  |
| What is the current process time? |
|  |
| Required annual volume / lot size? |
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| How do you expect the Laser MicroJet process to be better? |
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1. **Your needs:**

Please mark with an X the most important criteria for you.

If possible quantify the expected result and give a priority level.

|  |  |  |
| --- | --- | --- |
|  | Your priorities?(X) | Quantified expectations or improvements |
| * Speed / throughput:
 |  |  |
| * Kerf-width:
 |  |  |
| * Burr-free:
 |  |  |
| * Contamination/Particles:
 |  |  |
| * Heat-damage free:
 |  |  |
| * Chipping/Cracks:
 |  |  |
| * Edge Roughness:
 |  |  |
| * Tolerances:
 |  |  |
| * Other:
 |  |  |

1. **Sample evaluation and testing method**

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| Please list all characteristics that will be evaluated and the measurement methods that will be used: |
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| What will be the next steps, if Synova meets your requirements?  |
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1. **Capital outsourcing and/or equipment budget**

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| Do you require outsourcing of components or do you intend to invest in a complete laser cutting equipment? What is your expected deadline? |
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1. **Miscellaneous**

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| How did you come to Synova? (Publication, exhibition, congress, Internet? |
|  |
| Remarks: |
|  |

After receipt by Synova of the filled in CSRF (Customer Sample Request Form) document, our applications department will inform you about the anticipated results. If the Laser MicroJet fits to your requirements and that you accept our proposal, we will ask you to send us your sample.

We would like to thank you for your understanding and we are looking forward to work with you with the Laser MicroJet for your application.

Please do not hesitate to contact us if you need additional information.