SONOTEC Co., Itd.

Request form for test cutting

Please send to FAX:+81-44-877-8312

(※) Required field

◆Your name and E-mail address are required for contact.	
Address (※)	
Company	
Full name (※)	□Mr. □Ms.
E-mail (※)	@
Phone number (※)	
Fax number	
Shipping carrier	Your requested shipping carrier with account number.
	□ DHL □ FED-EX □Other()
	Account number: ()
◆ Details for your object to cut	
Since the model and the blade	's shape depend on materials, thickness, and purpose of use,
please fill in the following form in as much detail as possible.	
Feature size (※)	
Material (※)	
Thickness (※)	mm
Purpose of use (※)	☐ Handheld
	☐ Machine mount
	☐ Plotting cutter mount
Any questions and	
inquiries etc.	