## APPLICATION EVALUATION REQUEST LASER cleaning

Please send samples to

SUZHOU USILAND OPTRONICS CO.,LTD

No.18 Renai Road JinFang.

215123 周倩收 18306213801

FOI	Application Number Proje		ect Owner Date i		receivea				
ContactInformation									
Name and Title					Sales Rep				
Company					Address				
Return Samples to					Part use				
Cell phone					Email				
Material Information Please be as descriptive as possible and send at least 10 parts for evaluation									
1 10	ase be as descriptive as p		36110 at 1631 10 p	artsi	or evaluation				
#	Part description or name Material (e.g. Al6061 or SS3		r SS3(	04 or ABS)		Plating/Application			
1									
2									
3									
Clean Information Please provide artwork when appropriate.									
, Professional Control of the Contro									



No.18 Jinfang Road. Suzhou.215123, China http://www.usiland.com Tel: 400-005-3391

## **APPLICATION EVALUATION REQUEST**

## LASER cleaning

#	What to clean (e.g. Text, 2D Matrix, graphic. If barcode, please provide string to encode.)	Type of clean (e.g. Anneal, ablate, etch, engrave)	Clean size or font height	Target clean time (seconds)
1				
2				
3				

Additional Clean Information					
Please provide any pertinent information regarding the clean.					
Further Information					
Project Information					
What is your current cleaning process?					
Are you looking to automate the process?					
Timeline of project?					
What is the budget for this project?					

