

KELTEK

Specialty Tool Design & Manufacture, Inc.

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Face & Socket Spanner Customer Faxback Form

Date _____

Company _____

Person to contact _____

Phone _____ FAX _____

Email _____

Please fill out the following information as it applies to your application and include a print (or sketch) of the tool or the part it engages if available. Please note that if the custom nature of your tool requires that we draw an involved print in order to quote, we may charge for this service and we will notify you.

Please note if this tool needs to be integrated with a torque handle click here instead for our [Custom Torque Wrench RFQ Form](#).

1) Quantity to be quoted (if you will need prototype quantities please include them)

2) Description of how tool will be used (i.e. heavy duty, high torque, single use, light duty)

3) Plating requirements (i.e. Black oxide, zinc, chrome)

4) Overall tool length requirements or restrictions due to space

5) Material requirements if any (i.e. special steel) _____

6) Labeling requirements if any _____

Face Spanner Style (skip below for Socket Style)

7) Specify fixed size or adjustable size style _____

8) Center to center distance between holes in part being turned (or range of distances for adjustable tool). Please include units.

9) Diameter of holes in part being turned (include units) _____

10) Depth of holes in part being turned (include units) _____

11) Any requirements or restrictions that will govern the thickness of the material we will use to make the wrench body

Socket Spanner Style

12) There are several parameters for this. Please describe:

- OD & ID of socket _____

- number of radial teeth _____

- depth of socket _____

- square drive size _____

13) Any other information _____

14) Please attach any photos, sketches, or drawings that will help us quote your application.