

Along with this form, please include at least three sample parts so that we may test your material sufficiently.

Company Name _____

Contact Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Other decision makers _____

Material to be Marked _____

Range of parts _____ Sizes _____

Throughput (production) requirement _____ per _____

Mark specification (attach drawings/graphics files as required) _____

Mark content _____ Human Readable Machine Readable

Contrast requirements _____

Reading equipment/conditions _____

Part configuration (marking area) _____

Surface finish (rms) _____

Permanence requirements _____

Type of Machine Desired: Stand alone Portable Integrated installation

Customization: Standard machine Custom machine

Level of automation required:

Project Schedule _____ Decision _____ Delivery _____ Budget: _____

Sample schedule _____ Qty supplied _____

Benchmark Retention OK'd _____

Additional comments:

Please print and mail this form with your samples to:

Paragon Laser Systems

9746 Pflumm Rd

Lenexa, KS 66215