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## B4C Technologies, Inc. Engineering Data Sheet



**Advancing the Science of Tribology**

***Parts processing and shipping may  
 be delayed if form is not complete.***

Company Name:		Date:	Contact Name:
Address:	Phone:		Part Name:
	Mobile:		Part No.:
	Email:		Number of Parts:
Describe function of the part and its operating environment: (attach additional information if necessary)			
Material type (include specification i.e. ASTM, AMS, UMS, etc.): (attach additional information if necessary)			
Which type(s) of wear does the part experience: (attach additional information if necessary)			
<input type="checkbox"/> Sliding <input type="checkbox"/> Abrasive <input type="checkbox"/> Chemical/Salt Erosion <input type="checkbox"/> Other, specify:			
If applicable, provide: (attach additional information if necessary)		Was the part machined or preserved using Silicone lubricants? (attach additional information if necessary)	
Annealing/Draw Temperature:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Tempering/Stress Relief Temperature:			
Cryogenic Treatment:			
Has part been coated or exposed to any surface treatments? (attach additional information if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, please describe:			
Describe or include a drawing indicating which surface(s) are to be treated: (attach additional information if necessary)			
Describe proposed test procedure: (attach additional information if necessary)			
Remarks/Comments: (attach additional information if necessary)			
Ship Via:    Customer is responsible for all return freight charges.    Please provide the following shipping information:			
<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> USPS <input type="checkbox"/> Customer Pick up <input type="checkbox"/> Other, specify:			
Shipper (Customer) Account Number: _____			
<input type="checkbox"/> Ground <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Next Day <input type="checkbox"/> Other, specify:			
Please contact B4C Technologies, Inc. for price quote and/or minimum lot charge.		Purchase Order Number:	Signature:

Customer agrees that B4C Technologies, Inc. shall not be liable or responsible for any damage to or destruction of the Customer's property resulting from inaccurate or incomplete information contained in this information sheet. The information contained herein is considered confidential and will be guarded against disclosure.