



St. Louis - Corporate Office
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For a system and savings evaluation please complete and return to Icon.

Company Name and Address:		Contact Name and Position:	
		E-mail:	
		Phone and Fax:	
Do you own a laser now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Laser manufacturer and power:	
Type of Gas required: Nitrogen <input type="checkbox"/> Oxygen <input type="checkbox"/>		Cutting pressure requirements:	
Make, Model and Type of Laser: CO2 <input type="checkbox"/> Coax <input type="checkbox"/> Fiber <input type="checkbox"/>		Type of metal and thickness being cut:	
Make, Model and Type of Laser: CO2 <input type="checkbox"/> Coax <input type="checkbox"/> Fiber <input type="checkbox"/>		Nozzle sizes:	
Make, Model and Type of Laser: CO2 <input type="checkbox"/> Coax <input type="checkbox"/> Fiber <input type="checkbox"/>		Average monthly gas usage (CCF):	
Normal gas flow rate, SCFH:		Operation per day, hours:	
Purity requirement %:		Operation per week, hours:	
Application: Beam Purge <input type="checkbox"/> Cutting Assist <input type="checkbox"/> Both <input type="checkbox"/>		Beam On Time %:	
Notes:		Any Peak, High Use or Special Requirements?	
Compressed air available? Y <input type="checkbox"/> N <input type="checkbox"/>	Available air SCFM) :	Available air pressure (PSIG):	Compressed air Dew Point (°F):
Current source of gas: Cylinders: Y <input type="checkbox"/> #/week__ N <input type="checkbox"/> Dewers: Y <input type="checkbox"/> #/week__ N <input type="checkbox"/> Bulk tank: Y <input type="checkbox"/> #/mo__ N <input type="checkbox"/>	Current Cost of gas per CCF: Current annual cost of gas: Cost per kW hour rate: If Bulk Contract, expiration date:	Misc charges: Delivery charge _____ Tank rental _____ Energy surcharge _____ Hazmat charge _____ Sales taxes _____	