



## Advanced Magnet Source Corporation

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### PROJECT/ PRODUCT INQUIRY

Fill out the form, or simply call to discuss your requirement with our magnet specialist

YOUR INFO:	
Company:	_____
Your Name:	_____
Address:	_____
Address2	_____
City:	_____
St/Prov:	_____
Zip/PC	_____
Tel:	_____
Fax:	_____
e-mail:	_____
Website:	_____
Industry:	_____

In order to proceed your request promptly and accurately, please provide as much information as possible for your magnet application:

- New project
- Existing application
- Is drawing available?

Selection of the magnet material, if known

- |   |   |
|---|---|
| <input type="checkbox"/> Alnico                 | <input type="checkbox"/> Bonded Magnets   |
| <input type="checkbox"/> Ferrite (ceramic)      | <input type="checkbox"/> Injection Molded |
| <input type="checkbox"/> NdFeB                  | <input type="checkbox"/> Magnet Assembly  |
| <input type="checkbox"/> Samarium Cobalt        | <input type="checkbox"/> not sure         |
| <input type="checkbox"/> Other (please specify) |   |
- \_\_\_\_\_

Notes:

Please provide any additional information you Have regarding the magnet/magnet assembly Application. It may include:

_____	Material Grade
_____	Geometry
_____	Dimension and tolerances
_____	Direction of alignment or
_____	Special Markings
_____	Estimated Annual Usage
_____	Operating Temperature
_____	Inspection/Testing
_____	Packaging Requirements
_____	Others