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OSC Technologies Application Sheet: Date _____

TO BETTER SERVE YOU, AS OUR CUSTOMER, PLEASE SUPPLY THE FOLLOWING INFORMATION:

Distributor you are working with: _____

Customer Name and address : _____

What is the material Size? (LxWxH) _____

What kind of material is being cut? _____

Approximately how many hours a day do you plan on the saw running? _____

What type of voltage are you planning on using and what phase Voltage? _____ Ph (1/3) _____

Are you interested in a pneumatic clamping system? (y/n) _____

Are you interested in a powered carriage option? (y/n) _____

Are you interested in a material handling system such as extension tables (formed steel, flat tables or roller tables) and a measuring system? _____

Blades are purchased separately from saws. Will you require a blade at the time of purchase?

Please provide a quick sketch of the required cut (if needed)