



ARTICLE QUESTIONNAIRE

Contact Name: _____ Title: _____

Phone: _____ Email: _____

COMPANY INFORMATION

Company Name: _____ Location: _____

Website: _____

Types of machining or fabrication capabilities:

Where did you first hear about the Blue Photon workholding solution?

PROJECT INFORMATION

Discuss the application that was causing your workholding challenges (machining process, etc).

Explain the component that you are manufacturing and why it posed a workholding challenge (eg. material, shape considerations, etc)

What solutions were considered (or tried) to meet your challenges?

Why was Blue Photon selected as the solution?

How had the Blue Photon system helped to solve your problem?

How does productivity, quality, surface finish, etc compare with your previous processes?

Are you using Blue Photon with automation or quick change systems? Are you integrating it with any existing workholding solutions?

What is your set-up time comparison?

What is the in-process time comparison?

Photos Available?

Yes No

All media can be submitted to
marketing@bluephotongrip.com

Videos Available?

Yes No

Will you continue to use Blue Photon on future projects?

Yes No

Is there any other information about your project that you would like to include?

By completing this form, it is understood that the information provided can be used by Blue Photon in it's marketing efforts. If there is any information that you would like to not be used (including your name, company name or specific project information), please note it here.