

Request for quote: Quotation Budgetary Estimate

VIBRO/DYNAMICS LLC 2443 Braga Drive Broadview, Illinois 60155-3941 Telephone: 800-842-7668 or 708-345-2050 Fax: 708-345-2225 www.vibrodynamics.com Email: vibro@vibrodynamics.com	<input type="checkbox"/> New Customer Quote No. _____ Customer Number: _____ Date: _____ (For office use only)
	Salesman: _____ Territory: _____

Name: _____ Phone: _____ Title: _____ Fax: _____ Company: _____ Email: _____ Address: _____ City: _____ State/Province: _____ Postal Code: _____ Country: _____	Send quote via: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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INSTALLATION REQUIREMENTS

1. What is the estimated installation date? <input style="width: 100px;" type="text"/>	2. Where is the installation location? <input style="width: 100px;" type="text"/>
3. Needs assessment (select all that apply) <input type="checkbox"/> Precision leveling and alignment are important. <input type="checkbox"/> Vibration isolation performance is not an issue. <input type="checkbox"/> Vibration control is important, but not critical. <input type="checkbox"/> Very concerned that vibration will disturb neighbors and/or sensitive equipment.	4. Isolator type preference: <input type="checkbox"/> Elastomer isolators <input type="checkbox"/> Spring mounts <input type="checkbox"/> Wedge mounts

Please describe any other vibration or installation concerns:

For the following data, please indicate units of measure: English Metric

PRESS DATA	WEIGHTS (supported by isolators)
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5. Manufacturer: <input style="width: 100%; height: 20px;" type="text"/> 6. Model number: <input style="width: 100%; height: 20px;" type="text"/> 7. Serial number: <input style="width: 100%; height: 20px;" type="text"/> 8. Press frame type: <input type="checkbox"/> Straight side <input type="checkbox"/> Fixed "C" frame <input type="checkbox"/> OBI <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> 9. Stroke length: <input style="width: 100px;" type="text"/> 10. Speed range capability (SPM): <input style="width: 100%; height: 20px;" type="text"/> <input type="checkbox"/> Continuous stroke <input type="checkbox"/> Single stroke 11. What is the actual maximum operating speed (SPM)? <input style="width: 100%; height: 20px;" type="text"/> 12. Is press equipped with a die cart? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Press weight: <input style="width: 100%; height: 20px;" type="text"/> 14. Max. die weight: <input style="width: 100%; height: 20px;" type="text"/> 15. Rolling bolster weight: <input style="width: 100%; height: 20px;" type="text"/> <small>(if press equipped)</small> 16. Feed Weight: <input style="width: 100%; height: 20px;" type="text"/> <small>(if attached to press)</small> <input type="checkbox"/> Feed supported by press only. <input type="checkbox"/> Feed supported by foundation, but attached to press. 17. The above weight information was obtained by: <input type="checkbox"/> Press builder <input type="checkbox"/> General assembly drawing <input type="checkbox"/> Other <input style="width: 100%; height: 20px;" type="text"/> 18. Total weight <input style="width: 100%; height: 20px;" type="text"/> <small>(supported by isolators)</small> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <small>(for office use only)</small> <div style="text-align: center;"> _____ X _____ = _____ </div> </div>
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PRESS DRIVE TYPE:

19a. Servo Motor

- Crankshaft
 OR Left to Right Shaft(s)
 OR Front to Back Shaft(s)
 Geared (Check all that apply)
 Eccentric
 Link
 Knuckle

19b. Conventional Motor:

- Crankshaft
 OR Left to Right Shaft(s)
 OR Front to Back Shaft(s)
 Geared (Check all that apply)
 Eccentric
 Link
 Knuckle

For Front-to-Back configurations, are the shafts



- Counter-rotating Non-Counter-rotating

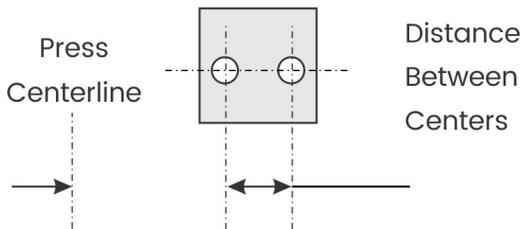
PRESS LEG AND FOOT INFORMATION

(See sketches below for explanatory information)

20. Number of press feet:

21. Number of holes in each foot:

(if press has two holes per foot, provide the following dimensions)

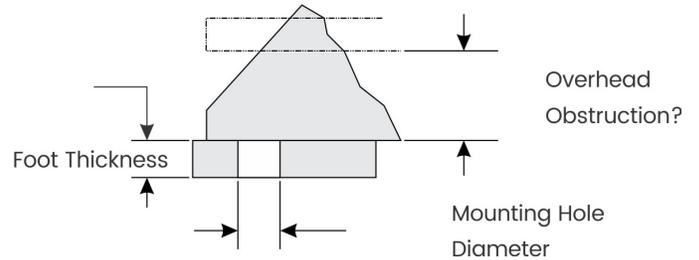


22. Mounting hole diameter:

23. Foot thickness:

24. Is there an overhead obstruction that would restrict the length of the leveling screw?

- Yes (if yes, fill in the information below) No



25. Are the front and rear mounting holes the same distance from the side centerline? Yes No

26. Please provide a general assembly drawing or provide plan view dimensions using the template on the right.

