

Request for quote: ☐ Quotation ☐ Budgetary Estimate

SOCITEC US LLC

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☐ New Customer

Quote No. _____

Customer Number: _____

Date: _____

(For office use only)

Salesman: _____

Territory: _____

Name: _____ Phone: _____
Title: _____ Fax: _____
Company: _____ Email: _____
Address: _____ City: _____
State/Province: _____ Postal _____ Country: _____

Send quote via:

☐ Fax

☐ Email

☐ Mail

Please provide as much information as possible so that we can recommend the isolators that best fit your needs.

Press manufacturer: _____
Model number: _____
Serial number: _____
Press weight: _____ ☐ lbs. ☐ Kg.
Total die weight: _____ ☐ lbs. ☐ Kg.
Feed weight: _____ ☐ lbs. ☐ Kg.
Other weight: _____ ☐ lbs. ☐ Kg.
Where is it located? _____
TOTAL WEIGHT THAT IS
SUPPORTED BY ISOLATOR: _____

Flywheel location:
(check one)

☐ Left side

☐ Right side

☐ Front

☐ Rear

Feed location:
(check one)

☐ Left side

☐ Right side

☐ Front

☐ Rear

Motor location:
(check one)

☐ Left side

☐ Right side

☐ Front

☐ Rear

Press operation:
(check one)

☐ Blanking

☐ Drawing

☐ Forming

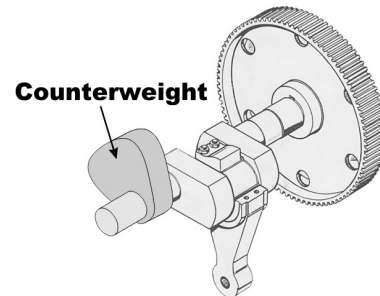
☐ Coining

☐ _____

Is there sensitive equipment nearby? ☐ Yes ☐ No

INERTIA FORCE INFORMATION

Operating speed (SPM): _____
Startup speed (SPM): _____
Is the crankshaft fully counterweighted? ☐ Yes ☐ No
If not fully counterweighted, what is the
percentage of crankshaft counterweight. _____
Direction of crankshaft: ☐ Left-to-Right ☐ Front-to-Back



Does press have a dynamic balancer? ☐ Yes ☐ No

If so, what type is it? ☐ Reciprocating ☐ Rotating

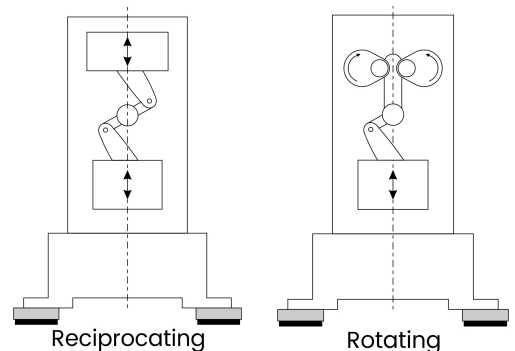
Percentage balanced: _____

	MAIN SLIDE	BALANCE SLIDE**
Slide assembly weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.
Upper die weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.
Stroke length:	<input type="checkbox"/> In. <input type="checkbox"/> mm	<input type="checkbox"/> In. <input type="checkbox"/> mm
Connection length:	<input type="checkbox"/> In. <input type="checkbox"/> mm	<input type="checkbox"/> In. <input type="checkbox"/> mm

** Balance slide information not required if percentage balance information is known and listed at the beginning of this section. However, main slide information is still required.

Form #: S-8 Rev: 10 2023.09

DYNAMIC BALANCER TYPES



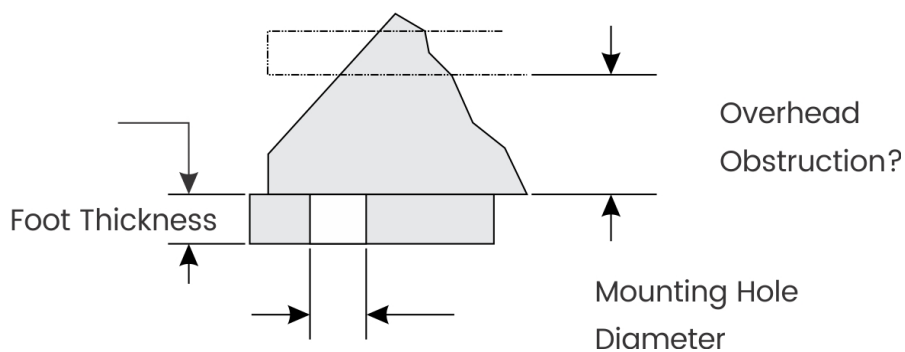
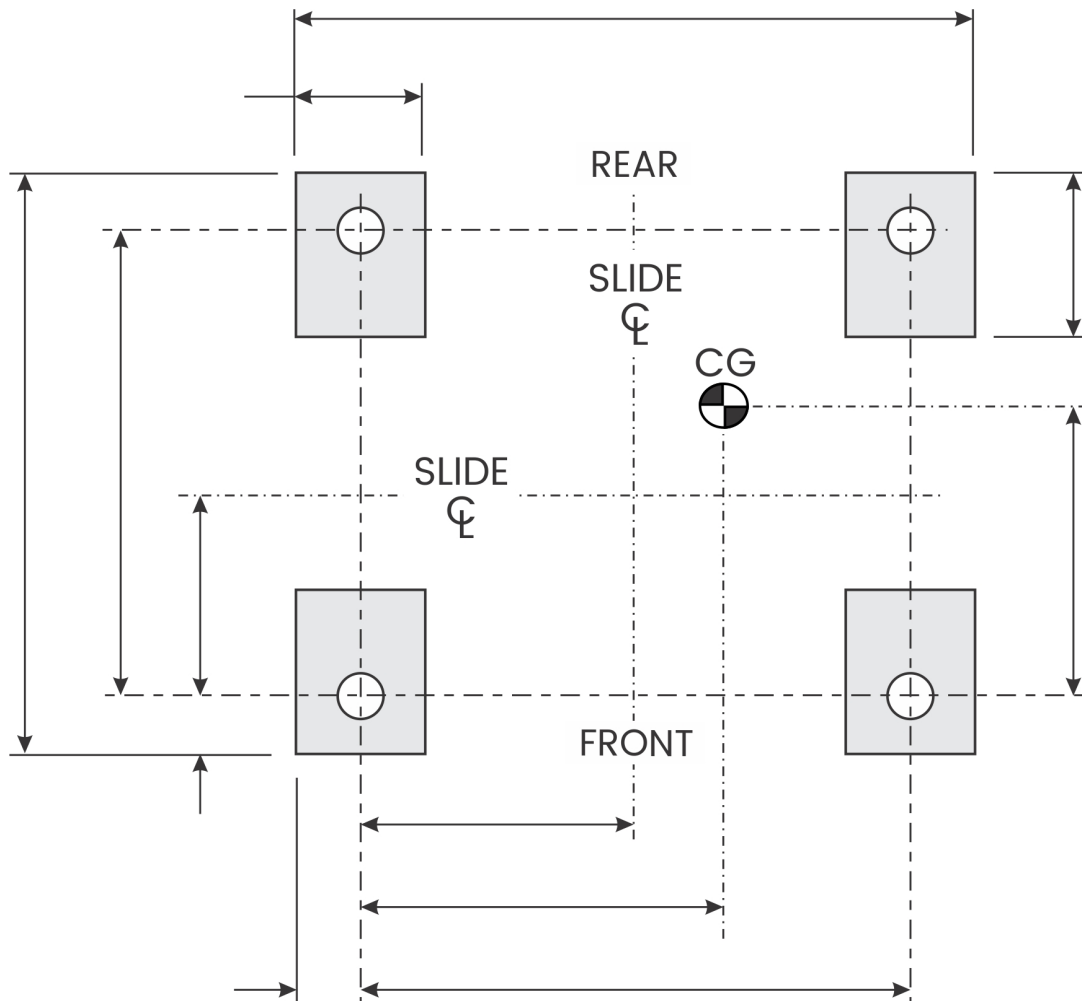
PRESS PLAN VIEW DIMENSIONS

Please indicate units of measure

☐ English

☐ Metric

Height of center-of-gravity from press feet:



Number of mounting holes:

If press has two mounting holes per foot, provide the following dimensions.

