VIBRO/DYNAMICS RFQ – Large Stamping Press Data Sheet

RESET FORM **Request for quote:** ☐ **Quotation** ☐ **Budgetary Estimate**

SOCITEC US LLC
2443 Braga Drive
Broadview, Illinois 60155-3941
Telephone: 800-842-7668 or 708-345-2050
Fax: 708-345-2225
www.vibro-dynamics.com Email: vibro@vibrodynamics.com

☐ **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

INSTALLATION REQUIREMENTS

1. **What is the estimated installation date?** _____ **Where is the installation location?** _____

2. **Needs assessment (select all that apply)**
   - ☐ Precision leveling and alignment are important.
   - ☐ Vibration isolation performance is not an issue.
   - ☐ Vibration control is important, but not critical.
   - ☐ Very concerned that vibration will disturb neighbors and/or sensitive equipment.

3. **Isolator type preference:**
   - ☐ Elastomer isolators
   - ☐ Spring mounts
   - ☐ Wedge mounts

Please describe any other vibration or installation concerns: _____

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

PRESS DATA

4. **Manufacturer:** _____
6. **Model number:** _____
7. **Serial number:** _____
8. **Press frame type:**
   - ☐ Straight side ☐ Fixed "C" frame
   - ☐ OBI ☐ Other _____
9. **Stroke length:** _____

Speed range capability (SPM): _____
- ☐ Continuous stroke ☐ Single stroke

10. **What is the actual maximum operating speed (SPM)?** _____
11. **Is press equipped with a die cart?** ☐ Yes ☐ No

WEIGHTS (supported by isolators)

13. **Press weight:** _____
14. **Max. die weight:** _____
15. **Rolling bolster weight:** _____ (if press equipped)
16. **Feed Weight:** _____ (if attached to press)
    - ☐ Feed supported by press only.
    - ☐ Feed supported by foundation but attached to press.
17. **The above weight information was obtained by:**
    - ☐ Press builder ☐ General assembly drawing
    - ☐ Other _____
18. **Total weight** _____ (Supported by isolators)

(For office use only)

_____ X _____ = _____

PRESS Specifications – page 2 Press Model (from front page) _____

PRESS DRIVE TYPE:

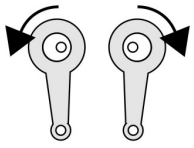
19a. Servo Motor

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

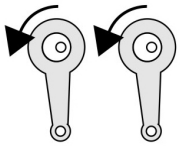
19b. Conventional Motor:

- ☐ Crankshaft
  - ☐ 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-

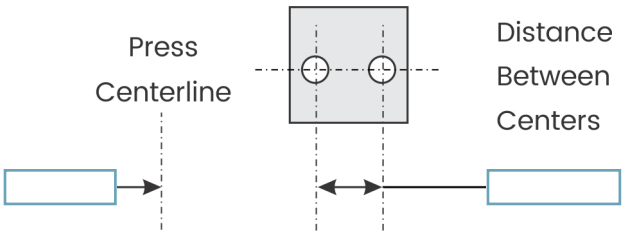
PRESS LEG AND FOOT INFORMATION

(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)

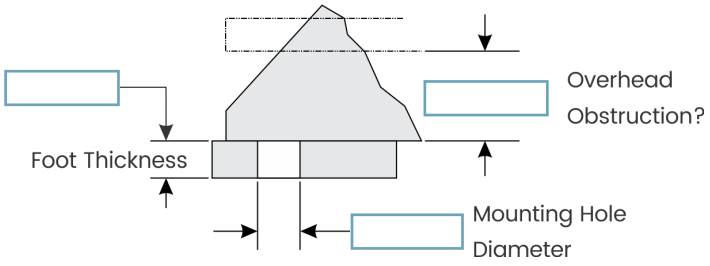


22. Mounting hole diameter: _____

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 slide centerline? ☐ Yes ☐ No

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

Please Indicate Units of Measure

☐ English (inch) ☐ Metric (mm)