


**VIBRO/DYNAMICS RFQ – Plastic Injection Molding Machine Data Sheet**

Request for quote:  Quotation  Budgetary Estimate

|   |   |                |                                       |  |
|---|---|----------------|---------------------------------------|--|
| <b>SOCITEC US LLC</b><br>2443 Braga Drive<br>Broadview, Illinois 60155-3941<br>Telephone: 800-842-7668 or 708-345-2050<br>Fax: 708-345-2225<br><a href="http://www.vibro-dynamics.com">www.vibro-dynamics.com</a> Email: <a href="mailto:vibro@vibro-dynamics.com">vibro@vibro-dynamics.com</a> |  |                | <input type="checkbox"/> New Customer | Quote No. _____  |
|   | Customer Number: _____  |                | Date: _____                           |  |
| (For office use only)   |   |                | Salesman: _____                       |  |
|   |   |                | Territory: _____                      |  |
| Name: _____   |   | Phone: _____   |                                       | Send quote via:<br><input type="checkbox"/> Fax<br><input type="checkbox"/> Email<br><input type="checkbox"/> Mail |
| Title: _____  |   | Fax: _____     |                                       |  |
| Company: _____  |   | Email: _____   |                                       |  |
| Address: _____  |   | City: _____    |                                       |  |
| State/Province: _____ Postal _____  |   | Country: _____ |                                       |  |

Please complete both pages and return to Socitec US

**1. Machine data**

Machine manufacturer: \_\_\_\_\_ Machine model number: \_\_\_\_\_  
 Machine type (two-platen, toggle, three-platen): \_\_\_\_\_ Serial number: \_\_\_\_\_

**2. Weight data** English  Metric

Total machine weight (dry): \_\_\_\_\_ Moving weight: \_\_\_\_\_  
 Maximum velocity of moving platen: \_\_\_\_\_  
 If there are robotics, are they attached to the floor or the machine? \_\_\_\_\_

**If possible, indicate machine weight by section**

|                           |  |
|---------------------------|--|
| Clamp end: _____          | Injection end: _____   |
| Maximum die weight: _____ | Hydraulic fluid: _____<br><small>(7.5 lbs.: 3.4 kg/gallon)</small> |
| Total weight: _____       | Total weight: _____  |

**Please indicate number of mounting points by section**

Clamp end: \_\_\_\_\_ Injection end: \_\_\_\_\_

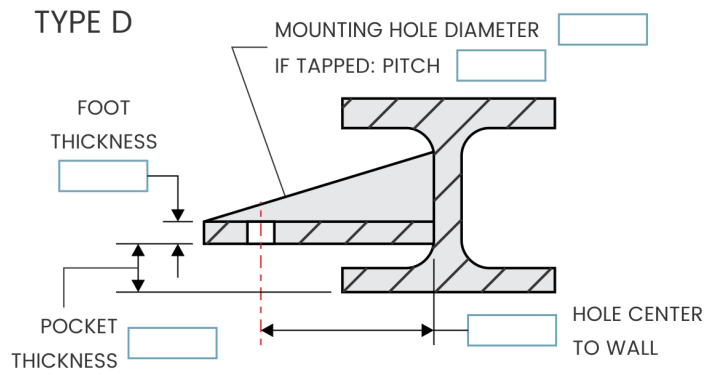
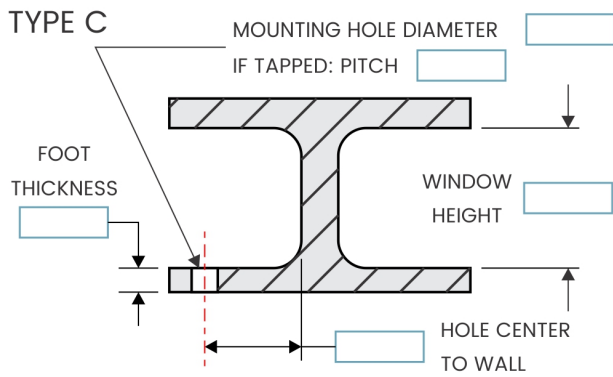
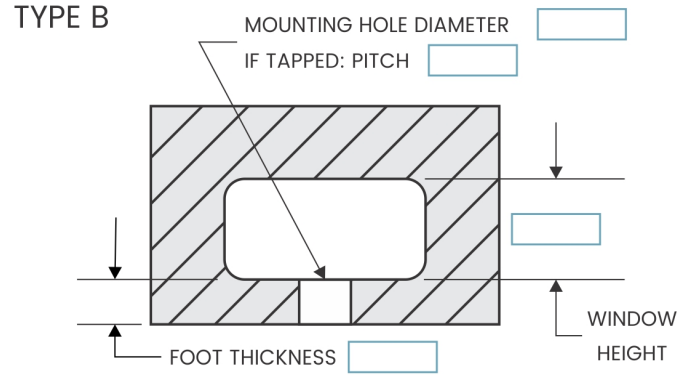
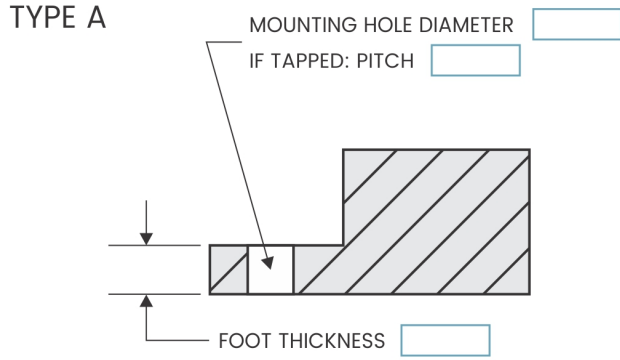
Some machine builders have calculated minimum and maximum weights expected at each mounting support point as the moving platen and mold move from one end of the stroke to the other end. If you have a drawing that shows this information, please include a copy or provide us with the project engineer's name and phone number: \_\_\_\_\_

- 3. Expected installation date: \_\_\_\_\_
- 4. Please provide a general assembly drawing if possible.

5. Check type of mounting point and list applicable dimensions

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

If blind tapped hole: Mounting hole diameter \_\_\_\_\_ Pitch \_\_\_\_\_ Depth \_\_\_\_\_



6. Use the space below for sketches and/or comments on any special considerations.