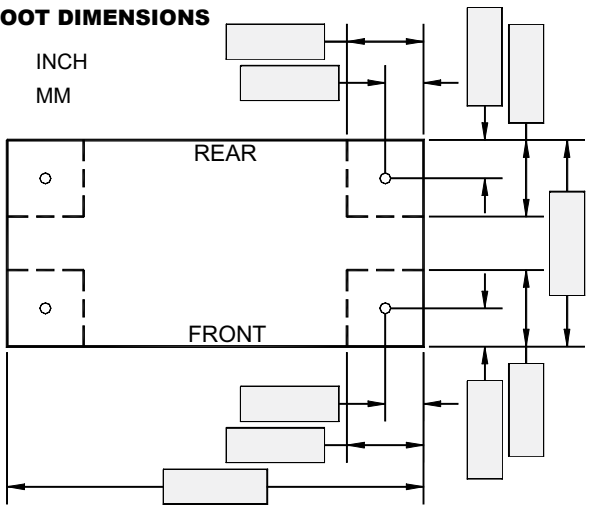


PLEASE COMPLETE FORM AND RETURN TO ENGINEERING@UNISORB.COM

COMPANY		
NAME		
ADDRESS	STREET	CITY STATE & ZIP
PHONE	EMAIL	
MAKE	MODEL	
TYPE <input type="checkbox"/> OBI <input type="checkbox"/> OBS <input type="checkbox"/> SS <input type="checkbox"/> OTHER (SPECIFY):		
CAPACITY (TONS)	PRESS WEIGHT	MAX DIE WEIGHT
TYPE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> OTHER (SPECIFY):		
FUNCTION <input type="checkbox"/> BLANKING <input type="checkbox"/> DRAWING <input type="checkbox"/> EMBOSSING <input type="checkbox"/> OTHER (SPECIFY):		
STROKE LENGTH		STROKES PER MINUTE
BED SIZE		PRESS HEIGHT
WEIGHT DISTRIBUTION <input type="checkbox"/> BALANCED <input type="checkbox"/> UNBALANCED (DESCRIBE):		PRESS FOOT DIMENSIONS UNITS: INCH MM 
OBSTRUCTION BELOW BOTTOM OF PRESS FEET? DESCRIBE:		
REQUESTED QUOTE:		
<input type="checkbox"/> PRESS MOUNTS (Cast housing with adjustment bolt) <input type="checkbox"/> ANCHORS <input type="checkbox"/> ISOLATION PAD (1" thick pad material) <input type="checkbox"/> GROUT <input type="checkbox"/> ISOLATED FOUNDATION		

NOTES:

Send drawings if available.

Complete all items applicable to your specific press.

Leave all non-applicable items blank.

FOOT TYPE

