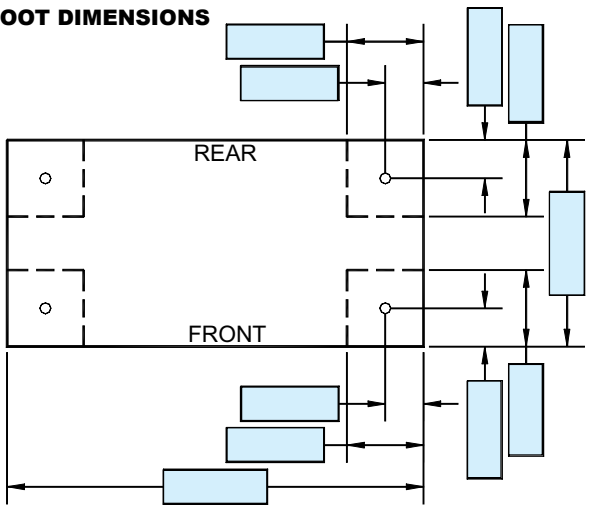


PLEASE COMPLETE FORM AND RETURN TO ENGINEERING@UNISORB.COM

COMPANY & CUSTOMER NAME	
ADDRESS	
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 
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

