

PLEASE FILL OUT THIS PAGE AND RETURN FAX TO UNISORB @ 1-517-764-5607.  
THIS DESIGN SERVICE IS FREE. COMPLETE CONTACT INFORMATION IS REQUIRED TO RECEIVE YOUR QUOTE!

**CUSTOMER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**POINT OF CONTACT:** \_\_\_\_\_

**PRESS CHARACTERISTICS**

PRESS MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

PRESS TYPE: OBI  OBS  S.S.  OTHER: \_\_\_\_\_

PRESS CAPACITY (TONS): \_\_\_\_\_ PRESS WEIGHT: \_\_\_\_\_

PRESS SERIAL NUMBER: \_\_\_\_\_ MAX DIE WEIGHT: \_\_\_\_\_

PRESS FUNCTION: BLANKING  DRAWING  EMBOSHING  OTHER: \_\_\_\_\_

BED SIZE: \_\_\_\_\_ PRESS HEIGHT: \_\_\_\_\_

FOOT THICKNESS: \_\_\_\_\_ MAX. TOP WASHER DIA. \_\_\_\_\_

STROKE LENGTH: \_\_\_\_\_ STROKES PER MINUTE: \_\_\_\_\_

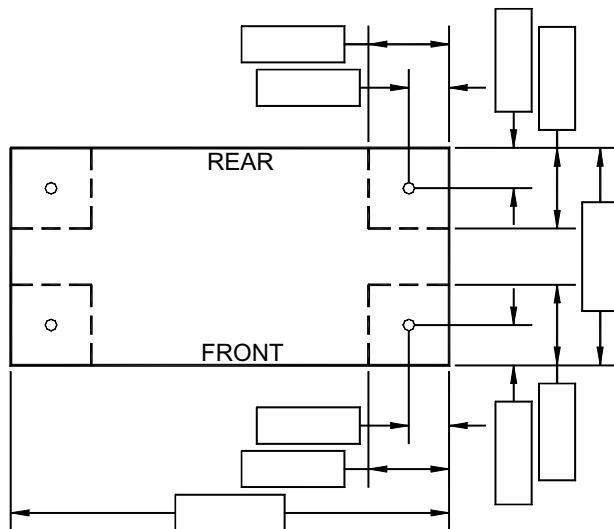
WEIGHT DISTRIBUTION: BALANCED  UNBALANCED  DESCRIBE: \_\_\_\_\_

MECHANICAL  HYDRAULIC  PNEUMATIC  OTHER: \_\_\_\_\_

BOLT LENGTH RESTRICTIONS ABOVE FEET? DESCRIBE: \_\_\_\_\_

OBSTRUCTION BELOW BOTTOM OF PRESS FEET? DESCRIBE: \_\_\_\_\_

**PRESS FEET DIMENSIONS (PLEASE COMPLETE)**



BOLT HOLE SIZE: \_\_\_\_\_

- ACTUAL
- ESTIMATED

IF PIT IS PRESENT OR REQUIRED,  
PLEASE SEND DRAWINGS.

PLEASE QUOTE:

- PRESS MOUNTS
- ANCHORS
- ISOLATION PAD
- GROUT
- ISOLATED FOUNDATION

**UNISORB CONTACT INFORMATION**

ATTACH CUSTOMER BUSINESS CARD HERE

ATTACH DISTRIBUTOR BUSINESS CARD OR OTHER HERE