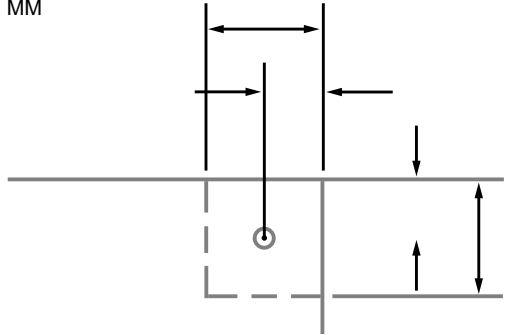


COMPLETE FORM AND RETURN TO [ENGINEERING@UNISORB.COM](mailto:ENGINEERING@UNISORB.COM)

COMPANY	
NAME	
ADDRESS STREET	CITY STATE & ZIP
PHONE	EMAIL
MAKE	MODEL
CAPACITY (TONS)	
SHOT END - NUMBER OF MOUNTING POINTS	LOAD PER MOUNT
WEIGHT DISTRIBUTION <input type="checkbox"/> BALANCED <input type="checkbox"/> UNBALANCED (DESCRIBE):	
MOLD END - NUMBER OF MOUNTING POINTS	LOAD PER MOUNT
WEIGHT DISTRIBUTION <input type="checkbox"/> BALANCED <input type="checkbox"/> UNBALANCED (DESCRIBE):	
OBSTRUCTION ABOVE OR BELOW BOTTOM OF MACHINE FEET? DESCRIBE:	<b>FOOT DIMENSIONS</b>  UNITS: INCH MM  
REQUESTED QUOTE:  <input type="checkbox"/> INJECTION MOLDING 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	

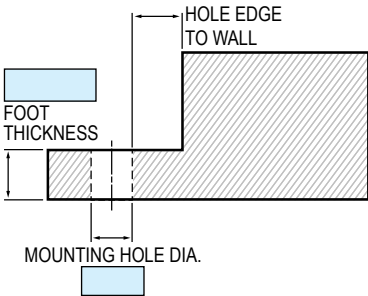
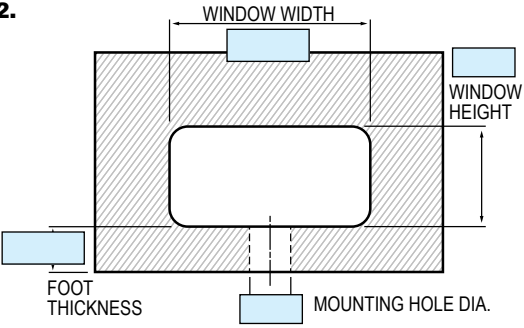
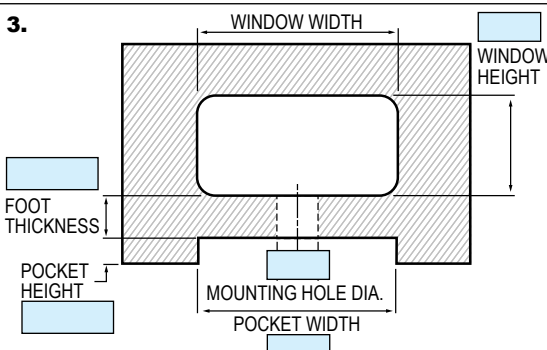
**NOTES:**

Send drawings if available.

Complete all items applicable to your specific press.

Leave all non-applicable items blank.

**FOOT TYPE** (Select multiple foot types if applicable)

<p><b>1.</b></p> 	<p><b>2.</b></p> 
<p><b>3.</b></p> 	<p><b>4.</b></p> 