VIBRO/*DYNAMICS*® RFQ – Large Stamping Press Data Sheet

RESET FORM **Request for:** ☐ **Quotation** ☐ **Budgetary Estimate** SUBMIT FORM

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Broadview, IL 60155-3941
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Fax: 708-345-2225
www.vibrodynamics.com
Email: Vibro@vibrodynamics.com

☐ **New Customer** **Quote No.** _____

Customer Number: _____ **Date:** _____

(***For Office Use Only***) Salesman: Territory:

Name: _____ **Phone:** _____
Title: _____ **Fax:** _____
Company: _____ **Email:** _____
Address: _____ **City:** _____
State/Province: _____ **Postal Code:** _____ **Country:** _____

Send quote via:
☐ **Fax**
☐ **Email**
☐ **Mail**

INSTALLATION REQUIREMENTS

1. What is the estimated installation date? _____ **2. Where is the installation location?** _____

3. Needs assessment (*Select all that apply*)

- ☐ **Precision leveling and alignment are important.**
- ☐ **Vibration isolation performance is not an issue.**
- ☐ **Vibration control is important, but not critical.**
- ☐ **Very concerned that vibration will disturb neighbors and/or sensitive equipment.**

4. Isolator type preference:

- ☐ **Elastomer Isolators**
- ☐ **Spring Mounts**
- ☐ **Wedge Mounts**

Please describe any other vibration or installation concerns: _____

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

PRESS DATA

5. Manufacturer: _____
6. Model Number: _____
7. Serial Number: _____

8. Press Frame Type:

☐ **Straight-side** ☐ **Fixed "C" Frame**
☐ **OBI** ☐ **Other:** _____

9. Stroke Length: _____
10. Speed Range Capability (SPM): _____

☐ **Continuous stroke** ☐ **Single stroke**

11. What is the actual maximum operating speed (SPM)? _____

12. Is press equipped with a die cart? ☐ **Yes** ☐ **No**

WEIGHTS ***(supported by isolators)***

13. Press Weight: _____
14. Max. Die Weight: _____
15. Rolling Bolster Weight: _____
(if press equipped)
16. Feed Weight: _____
(if attached to press)

☐ Feed supported by press only.
☐ Feed supported by foundation, but attached to press.

17. The above weight information was obtained by:

☐ Press Builder ☐ General assembly drawing
☐ Other _____

18. Total Weight: _____
(supported by isolators)

(*for Office Use Only*)
_____ **X** _____ **=** _____

PRESS Specifications – page 2

Press Model (From front page) _____

PRESS DRIVE TYPES:

19. What is the Press Drive Type?

- ☐ **Crankshaft**
- ☐ **Eccentric-Geared**
- ☐ **Link Drive**

For the above three-press drive types, please supply additional information shown at the right.

- ☐ **Knuckle Joint**
- ☐ **Scotch Yoke**
- ☐ **Under drive**
- ☐ **Hydraulic**
- ☐ **Pneumatic**
- ☐ **Other**

20. Clutch Type: ☐ **Pneumatic** ☐ **Hydraulic**

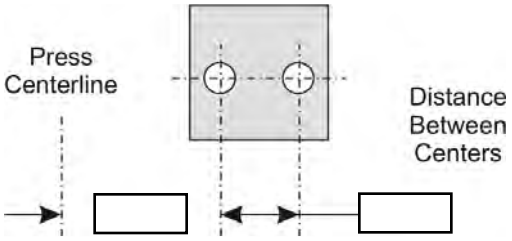
PRESS LEG AND FOOT INFORMATION

(See sketches below for explanatory information)

21. Number of Press Feet: _____

22. Number of holes in each foot: _____

(If press has two holes per foot, provide the following dimensions)

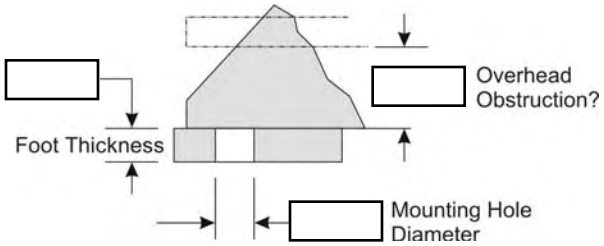


23. Mounting hole diameter: _____

24. Foot thickness: _____

25. Is there an overhead obstruction that would restrict the length of the leveling screw?

☐ **Yes** (If yes, fill in information below) ☐ **No**



26. Are the front & rear mounting holes the same distance from the slide centerline?

☐ **Yes** ☐ **No**

27. Please provide a general assembly drawing or provide plan view dimensions using the template on the right.

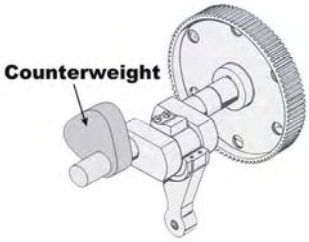
Additional Data for Eccentric-Geared, Crankshaft & Link Drive Presses

Is drive System Counterweighted?

☐ **Yes** ☐ **No**

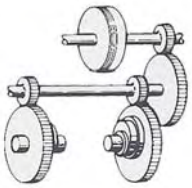
☐ **Single Point**

- ☐ Left-to-Right Shaft
- ☐ Front-to-Back Shaft

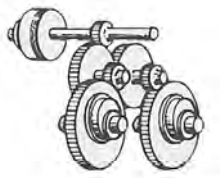


☐ **Double/Four Point**

☐ Left-to-Right Shaft ☐ Front-to-Back Shaft



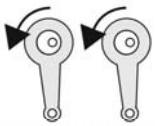
Left-to-Right Shaft



Front-to-Back Shafts

For Front-to-Back configurations, are the shafts

☐ Counter-rotating? ☐ Non-Counter-rotating?



Please Indicate Units of Measure

☐ **English (in.)** ☐ **Metric (mm)**