



Request for: Quotation Budgetary Estimate

VIBRO/DYNAMICS Corporation 2443 Braga Drive Broadview, IL 60155-3941 Telephone: 1-800-842-7668 or 708-345-2050 Fax: 708-345-2225 www.vibrodynamics.com Email: Vibro@vibrodynamics.com	<input type="checkbox"/> 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: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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Please complete both sides and return to Vibro/Dynamics

I. Machine Data

Machine Manufacturer: _____ Machine Model Number: _____
 Machine Type (two-platen, toggle, three-platen): _____ Serial Number: _____

II. Weight Data English Metric

Total Machine Weight (Dry): _____ Moving Weight: _____
 Maximum Velocity of Moving Platen: _____
 If there are robotics, are they attached to the floor or the machine? _____

If possible, indicate machine weight by section:	
Clamp End: _____	Injection End: _____
Maximum Die Weight: _____	Hydraulic Fluid: _____ <small>(7.5 lb/gal : 0.9 Kg/L)</small>
Total Weight: _____	Total Weight: _____
Please indicate number of mounting points by section:	
Clamp End: _____	Injection End: _____

Some machine builders have calculated minimum and maximum weights expected at each mounting support point as the moving platen and mold move from one end of the stroke to the other end. If you have a drawing that shows this information, please include a copy or provide us with the project engineer's name and phone number: _____

For office use only Heaviest Point: _____	Clamp End Only: Lightest Point _____
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III. Expected Installation Date: _____

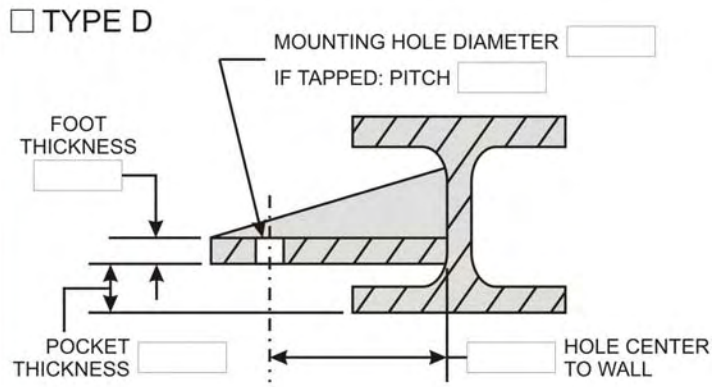
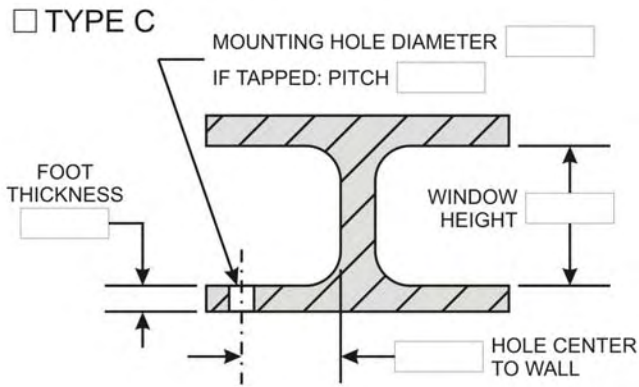
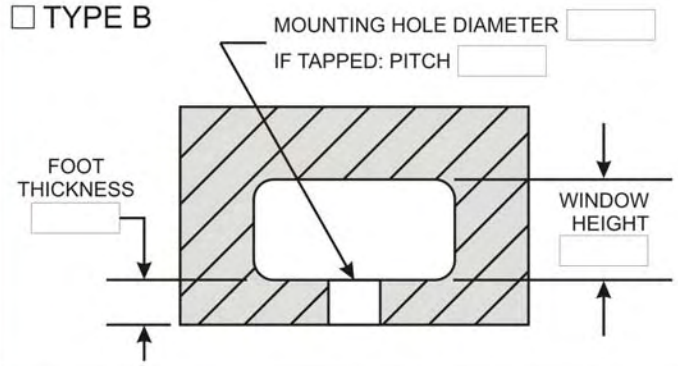
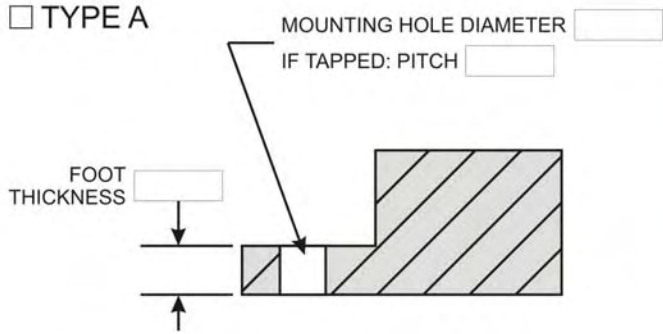
IV. Please Provide A General Assembly Drawing, If Possible.

Machine Manufacturer: _____ Model Number: _____

V. CHECK TYPE OF MOUNTING POINT AND LIST APPLICABLE DIMENSIONS

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

If blind tapped hole: Mounting Hole Diameter _____ Pitch _____ Depth _____



VI. Use the space below for sketches and/or comments on any special considerations.

Blank space for sketches and/or comments on any special considerations.