

Order Form Flexible Dies

Order- Quote date: _____

Name: _____ Remake of Tool: _____

Address: _____ Delivery Date Requested: _____

Contact: _____ Order Quote Reorder

Email: _____ Customer PO no.: _____ Tool no.: _____

Product Type (If no box is ticked in this section, RotoMetrics will select the product type for you)								
	Smart Flex Series		Prime Series		Dura Series		GoldLine Special	Ultrafilm
Paper or Film	Paper <input type="checkbox"/>	Film <input type="checkbox"/>	Paper <input type="checkbox"/>	Film <input type="checkbox"/>	Paper <input type="checkbox"/>	Film <input type="checkbox"/>	Film	Film
Rust Inhibitor	X	X						X
Chrome			<input type="checkbox"/>	X			X	
FlexPlus			<input type="checkbox"/>	<input type="checkbox"/>		X		
FlexPremier					<input type="checkbox"/>			
Thick Coating					<input type="checkbox"/>			
Laser Hardening						<input type="checkbox"/>	X	<input type="checkbox"/>
RotoRepel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Press Details

Name: _____ Model: _____ Width: _____ Full Rotary Semi Rotary

Magnetic Cylinder Undercut: _____ in Flat: Requested Plate Height _____ in

Tooth Size: _____ Repeat: _____ Gear Pitch: 1/8cp20 Other _____

Shape

Per File _____ Remake of _____

Perforation Cut _____ in Void _____ in Perforation Width _____ in

Shape Dimension

(B) Size Across: _____

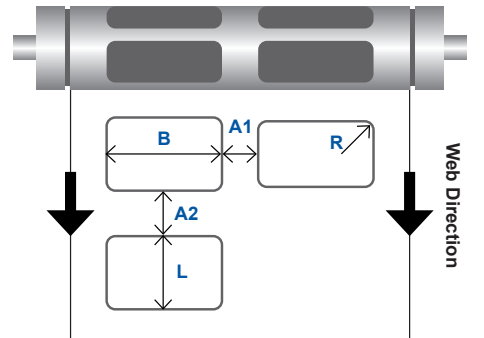
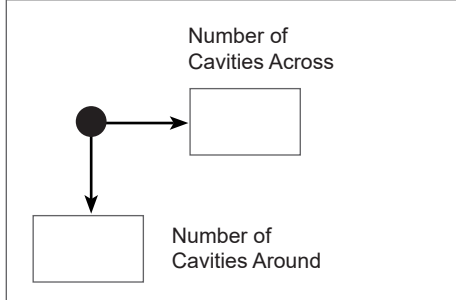
(L) Size Around: _____

(A1) Space Across: _____

(A2) Space Around: _____

(R) Radius: _____

Alignment



Cut Type

To Liner Metal to Metal Undercut to Face Other

Face material: _____ Thickness: _____ in Liner Material: _____ Thickness: _____ in

Lamination

Yes No Auto Applied Hand Applied

Additional Notes

 Send