

Order Form Flexible Dies

Name:	Order- Quote date:
Address:	Remake of Tool:
Contact:	Delivery Date Requested:
Email:	<input type="checkbox"/> Order <input type="checkbox"/> Quote <input type="checkbox"/> Reorder
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						
Chrome			<input type="checkbox"/>	X			X	X
FlexPlus			<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:	<input type="checkbox"/> Full Rotary	<input type="checkbox"/> Semi Rotary
Magnetic Cylinder Undercut:	in	<input type="checkbox"/> Flat:	Requested Plate Height	in
Tooth Size:	Repeat:	Gear Pitch:	<input type="checkbox"/> 1/8cp20	<input type="checkbox"/> Other

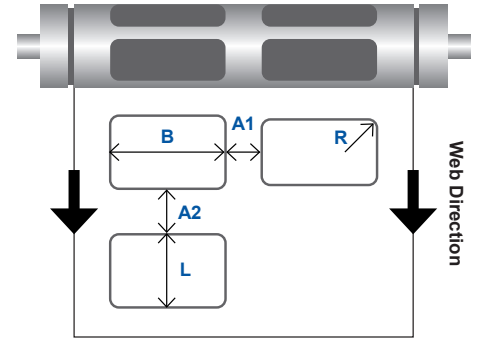
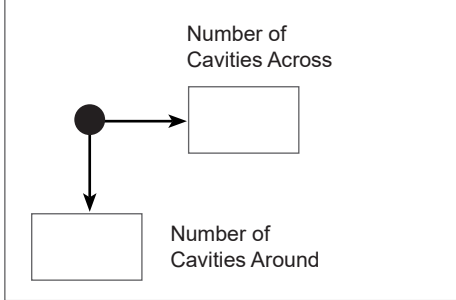
Shape

<input type="checkbox"/> Rectangle	<input type="checkbox"/> Circle	<input type="checkbox"/> Ellipse	<input type="checkbox"/> Per File	
<input type="checkbox"/> Cross Blades	<input type="checkbox"/> Liner Blades	<input type="checkbox"/> Special	<input type="checkbox"/> Remake of	
<input type="checkbox"/> 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

<input type="checkbox"/> To Liner	<input type="checkbox"/> Metal to Metal	<input type="checkbox"/> Undercut to Face	<input type="checkbox"/> Other
Face material:	Thickness: in	Liner Material:	Thickness: in

Lamination

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Auto Applied	<input type="checkbox"/> Hand Applied
------------------------------	-----------------------------	---------------------------------------	---------------------------------------

Additional Notes