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Die Transport Products – Application Questionnaire

Date: _____ Phone: _____
 Company: _____ Fax: _____
 Address: _____ E-mail: _____
 City: _____ State/Zip: _____

SERAPID to Provide the Customer: Quote Budgeting Quote
 Estimated Timetable of Project: 30-60 Days 60-90 Days 90-120 Days 120+ Days
 Is there any additional information about this project required for preparing a quotation? No Yes:

Press Information:
 Mfg: _____ New Existing: Retrofit Rebuild
 Model: _____ Style: OBI Straightside Other: _____
 Stroke: _____ S.P.M: _____ Shut Height: _____
 Tonnage: _____

Standardization Program Implemented? Yes No
 Clamping Height: _____ inches Shut Height: _____ inches
 Sub-Plates Plate Size: _____ X _____ Thickness: _____ inches

Die (Mold or Tool) Information:

Maximum Weight: _____ Lbs. _____ Upper _____ Lower

Die Set Material: _____ Upper _____ Lower

Dimensions: Maximum: _____ F-B Maximum: _____ L-R

Minimum: _____ F-B Minimum: _____ L-R

Tool Shut Height: Maximum: _____ Inches Minimum: _____ Inches

Dies are Loaded from: Front Back Left Side Right Side

Are dies on parallels: No Yes (If yes, please provide drawings).

Total Number of dies involved: _____

Average Number of die changes per shift: Currently: _____ Objective: _____

Application Information:

Type of process: Stamping Molding High-Speed High-Temp. Other: _____

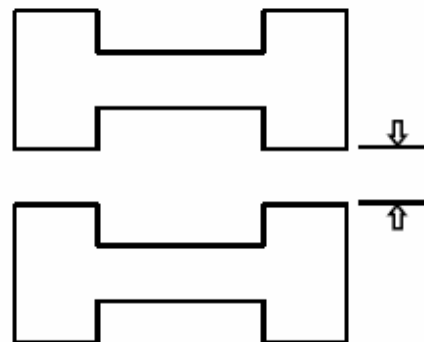
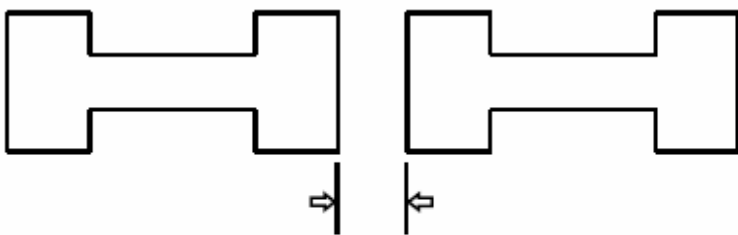
Type of Stamping: Blanking Drawing Deep Draw Forming Other: _____

Type of Operation: Manual Transfer Auto Transfer Progressive Other: _____

Press Room Layout:

General Layout #1

General Layout #2

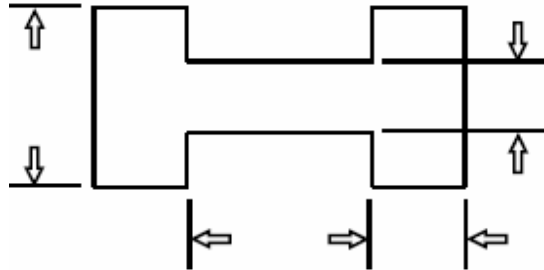


#1 Side by Side #2 In-Line #3 – Other: _____

Distance between the presses: _____

*Mark and label interference areas and type (conveyers, light curtains, etc).

Press Dimensions:



Measurements: F-B of Bolster: _____ L-R of Bolster: _____
F-B of Press: _____ L-R of Press: _____
Bed (bolster) height from floor: _____
Is there a scrap opening? Yes No
Dimensions? _____X _____

Die Transport Method Preferred:

- On Press, Push/Pull: _____ Stroke (Travel Required)
 - Die Table, Stationary with Push/Pull: _____ Stroke (Travel Required)
 - Die Cart on Rails, Single Station: _____ Front Load Side Load Push/Pull
 - Die Cart on Rails, Dual Station (stations located side by side) Push/Pull
 - Die Cart on Rails, Rotation Double Station: Push/Pull: _____ Stroke
 - Other: _____
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Additional Comments: _____