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General Die Change Products – Application Questionnaire

Date: _____ Phone: _____
Company: _____ FAX: _____
Name: _____ Title: _____
Address: _____ E-Mail: _____
City: _____ State/Zip: _____

SERAPID to Provide the Customer: Quote Budgeting Quote

Estimated timetable of project (installation):
 30-60 days 60-90 days 90-120 Over 120 days

Is there any additional information about this project that is not attached, but is required for preparing a quotation? No Yes

Additional Information: _____

Press Information:

MFG: _____ New Existing: Retrofit Rebuild

Model: _____ Style: OBI Straightside Other: _____

Stroke: _____ S.P.M: _____ Shut Height: _____

Tonnage: _____ tons Strip Force: RAM: _____ Bolster: _____

Press Bed (Bolster) Information:

Bolster Size: F-B: _____ L-R: _____ Thickness: _____

Does the bed have T-Slots? Yes No Is there a scrap opening? Yes No
Dimension of scrap opening? _____ X _____

T-Slot Orientation: F-B L-R Other (Please attach drawing)

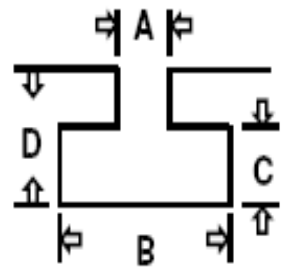
Do the T-Slots run the entire length? Yes No (Please attach drawing)

Number of T-Slots on Bed: _____ Spacing: _____

Dimension of T-Slots:

A: _____ B: _____ C: _____ D: _____

Bed (Bolster) Height from floor: _____



Press Slide (RAM) Information:

RAM Size: F-B: _____ L-R: _____ Thickness: _____

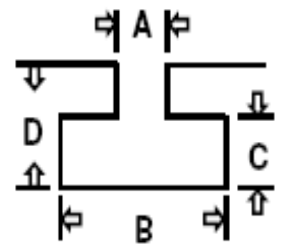
Does the RAM have T-Slots? Yes No

T-Slot Orientation: F-B L-R Other (Attach Drawing)

Do the T-Slots run the entire length? Yes No (Attach Drawing)

Number of T-Slots on RAM: _____ Spacing: _____

Dimension of T-Slots: A: _____ B: _____ C: _____ D: _____



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

Type of clamping currently used: _____

If bolts, number of bolts used to clamp dies: _____ Bolt Size: _____

Dies are loaded from: Front Back: Left Side Right SideAre 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: _____

Die Lifters:Service you require: Quote Recommendation No RecommendationService Bolster Extension: Removable SlidingType: Pivoting Double Pivoting

Clamping for the Bed (Bolster):Service you require: Quote Recommendation No RequirementClamp Type: _____ Fixed Position Removable**Clamping for the Slide (RAM:)**Service you require: Quote Recommendation No RequirementClamp Type: _____ Fixed Position Removable