

PRECISION DIE & STAMPING, INC.

Customer : _____ Date : ____ / ____ / ____

Part Name : _____

Part Number : _____ Rev. _____

Feeder Information

Material Feed Direction : L-R____ R-L____ Secondary____

Feed Line Height : Max_____ Min_____

Feeder Type : _____ Push : _____ Pull : _____

Press Information

Press Shut Height : Max_____ Min_____ Stroke Length : _____

Press Type : _____ Tonnage : _____ Press SPM : _____

Ram Size : F-B____ L-R____ Bolster : F-B____ L-R____

Quick Die Change Information

Overall Die Height : Max_____ Min_____

Sub-Plate : Yes____ No____ Size : F-B____ L-R____

CAD Data for Bolster : Yes____ No____ DXF____ IGES____ Auto CAD____ & Version____

CAD Data for QDC mounting : Yes____ No____ DXF____ IGES____ Auto CAD____ & Version____

Scrap Removal

Out Front____ Out Back____ Other_____

Dimensions between Parellels: Max_____ Min_____

Comments : _____

Information Approved by : _____ Date ____ / ____ / ____

Please fax this information to 1-513-942-8221