

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:

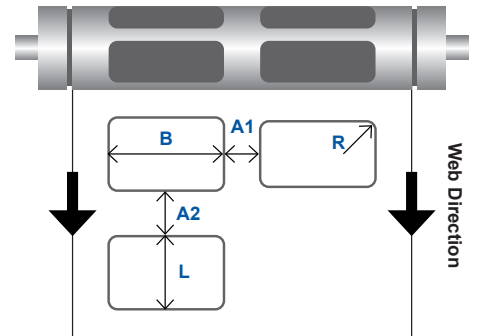
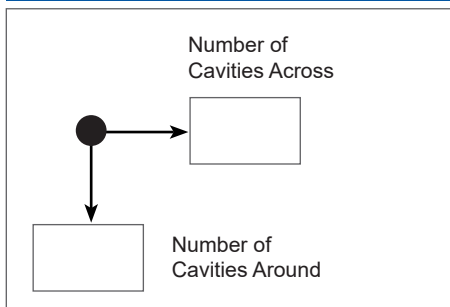
(L) Size Around:

(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