

# 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						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:	<input type="checkbox"/> Full Rotary	<input type="checkbox"/> Semi Rotary
Magnetic Cylinder Undercut: <input type="checkbox"/> in		<input type="checkbox"/> Flat: Requested Plate Height <input type="checkbox"/> in		
Tooth Size:	Repeat:	Gear Pitch: <input type="checkbox"/> 1/8cp20	<input type="checkbox"/> Other <input type="text"/>	

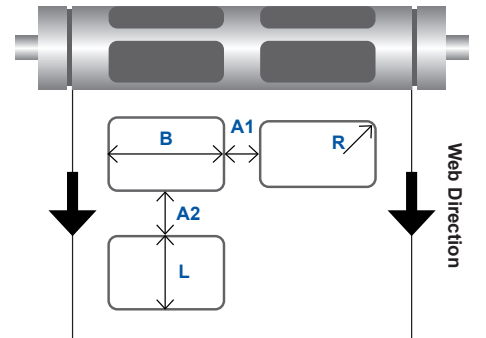
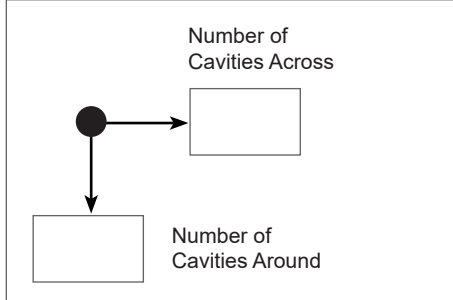
## Shape

<input type="checkbox"/> Perforation	<input type="checkbox"/> Cut <input type="text"/> in	<input type="checkbox"/> Void <input type="text"/> in	<input type="checkbox"/> Perforation Width <input type="text"/> in	<input type="checkbox"/> Per File <input type="text"/>	<input type="checkbox"/> Remake of <input type="text"/>
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## 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: <input type="text"/>	Thickness: <input type="text"/> in	Liner Material: <input type="text"/>	Thickness: <input type="text"/> in

## Lamination

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Auto Applied	<input type="checkbox"/> Hand Applied
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## Additional Notes

 **Send**