

# FLEXIBLE DIE ORDER/QUOTE REQUEST FORM



Please save this document to your computer, then open file and enter data in the fields. Once completed, save and then email the document to your RotoMetrics customer service representative or sales@rotometrics.com.

ORDER  QUOTE   
 CUSTOMER: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_  
 PURCHASE ORDER #: \_\_\_\_\_  
 DATE REQUIRED: \_\_\_\_\_

TOOTH SIZE: \_\_\_\_\_ PRESS: \_\_\_\_\_ CYLINDER UNDERCUT: \_\_\_\_\_  
 REPEAT: \_\_\_\_\_ PITCH: \_\_\_\_\_ PLATE HEIGHT: \_\_\_\_\_

TEXT ON DIE: \_\_\_\_\_

## PRODUCT SELECTION

SURFACE TREATMENTS	AccuSmart™	AccuPrime™	AccuStar® UltraFilm™	AccuStar® Life™
Standard	<input type="checkbox"/> *	<input type="checkbox"/> **	<input type="checkbox"/> **	
FlexPlus		<input type="checkbox"/>	<input type="checkbox"/>	
FlexPremier®			<input type="checkbox"/>	<input type="checkbox"/>

**SHAPE:**  RECTANGLE  CIRCLE  ELLIPSE  PER FILE \_\_\_\_\_  
 CROSS BLADES  LINEAL BLADES  SPECIAL  REMAKE OF \_\_\_\_\_

**CUT TYPE:**  TO LINER  METAL-TO-METAL  MULTI-LEVEL  SPECIAL

## LABEL DIMENSIONS:

CORNER RADIUS: \_\_\_\_\_  
 NUMBER ACROSS: \_\_\_\_\_ NUMBER AROUND: \_\_\_\_\_  
 SIZE ACROSS: \_\_\_\_\_ SIZE AROUND: \_\_\_\_\_  
 GAP ACROSS: \_\_\_\_\_ GAP AROUND: \_\_\_\_\_  
 CENTER-TO-CENTER ACROSS: \_\_\_\_\_ CENTER-TO-CENTER AROUND: \_\_\_\_\_

**CUT POSITION:**  TOPCUTTER  UNDERCUTTER

## MATERIAL DESCRIPTION:

FACE MATERIAL: \_\_\_\_\_ THICKNESS: \_\_\_\_\_  
 LINER: \_\_\_\_\_ THICKNESS: \_\_\_\_\_  
 LAMINATION?  YES  NO  AUTO APPLIED  HAND APPLIED

**COMMENTS:** \_\_\_\_\_