

INQUIRY FLAT DIE

CUSTOMER DATA

COMPANY NAME : _____ DATE : _____
 ADDRESS : _____ PHONE : _____
 ZIP CODE: _____ CITY : _____ FAX N° : _____
 VAT N° : _____ PERSON IN CHARGE : _____

MACHINE MODEL _____

PRODUCT TYPE _____

DIE MODEL _____

TYPE DIE MATERIAL _____

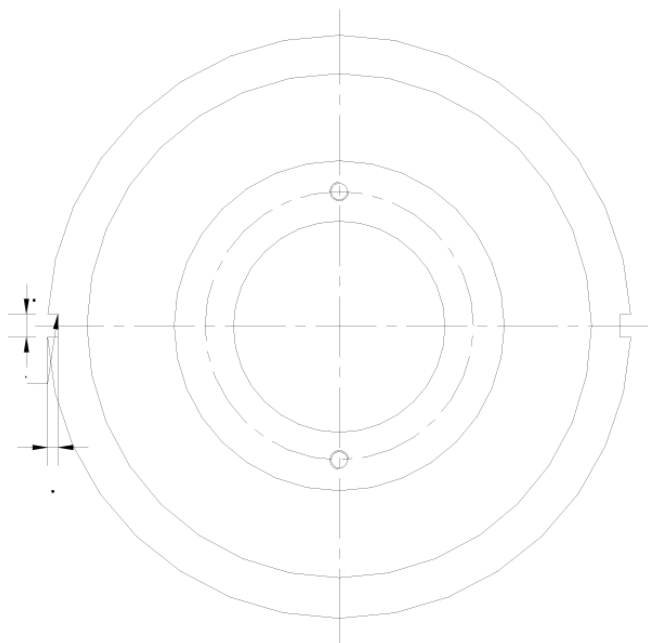
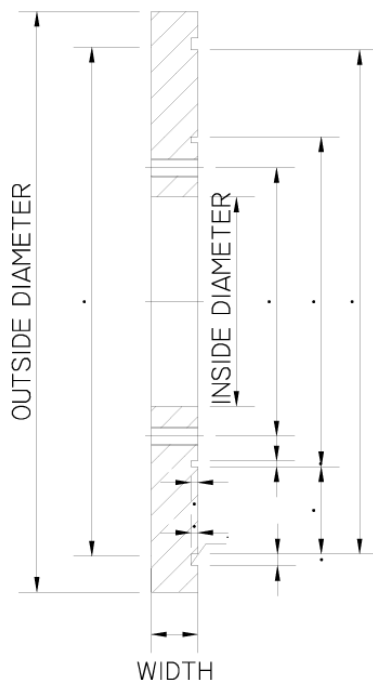
DIE DIMENSIONS

INSIDE DIAMETER _____

 OUTSIDE DIAMETER _____

 WIDTH _____

 WORKING BAND _____



HOLES SPECIFICATION

HOLES NUMBER _____

 ROWS NUMBER _____

 NUMBER EXTERNAL RAWs _____

HOLE DIMENSIONS

HOLE DØ _____

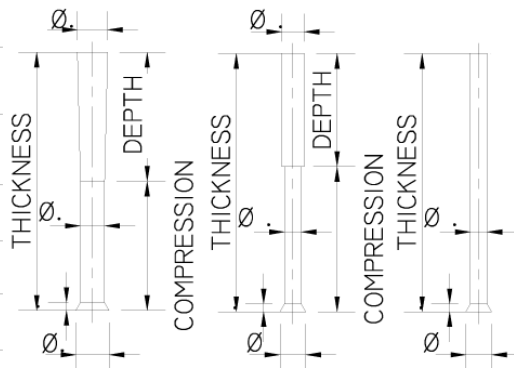
 COMPRESSION _____

 THICKNESS _____

 COUNTERBORE TYPE _____

 COUNTERBORE Ø _____

 DEPTH _____



GENERAL DIES

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