

# 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	*	**	**	
FlexPlus				
FlexPremier®				

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