

Request for quote: ☐ Quotation ☐ Budgetary Estimate

## VIBRO/DYNAMICS LLC

2443 Braga Drive  
 Broadview, Illinois 60155-3941  
 Telephone: 800-842-7668 or 708-345-2050  
 Fax: 708-345-2225  
[www.vibrodynamics.com](http://www.vibrodynamics.com) Email: [vibro@vibrodynamics.com](mailto:vibro@vibrodynamics.com)

☐ New Customer

Quote No. \_\_\_\_\_

Customer Number: \_\_\_\_\_

Date: \_\_\_\_\_

(For office use only)

Salesman: \_\_\_\_\_

Territory: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Send quote via:

☐ Fax

☐ Email

☐ Mail

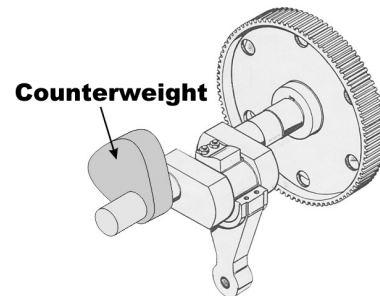
Please provide as much information as possible so that we can recommend the isolators that best fit your needs.

Press manufacturer: \_\_\_\_\_  
 Model number: \_\_\_\_\_  
 Serial number: \_\_\_\_\_  
 Press weight: \_\_\_\_\_ ☐ lbs. ☐ Kg.  
 Total die weight: \_\_\_\_\_ ☐ lbs. ☐ Kg.  
 Feed weight: \_\_\_\_\_ ☐ lbs. ☐ Kg.  
 Other weight: \_\_\_\_\_ ☐ lbs. ☐ Kg.  
 Where is it located? \_\_\_\_\_  
**TOTAL WEIGHT THAT IS SUPPORTED BY ISOLATOR:** \_\_\_\_\_

Flywheel location: ☐ Left side ☐ Front  
 (check one) ☐ Right side ☐ Rear  
 Feed location: ☐ Left side ☐ Front  
 (check one) ☐ Right side ☐ Rear  
 Motor location: ☐ Left side ☐ Front  
 (check one) ☐ Right side ☐ Rear  
 Press operation: ☐ Blanking ☐ Forming  
 (check one) ☐ Drawing ☐ Coining  
☐ Other: \_\_\_\_\_  
 Is there sensitive equipment nearby? ☐ Yes ☐ No

## INERTIA FORCE INFORMATION

Operating speed (SPM): \_\_\_\_\_  
 Startup speed (SPM): \_\_\_\_\_  
 Is the crankshaft fully counterweighted? ☐ Yes ☐ No  
 If not fully counterweighted, what is the percentage of crankshaft counterweight. \_\_\_\_\_  
 Direction of crankshaft: ☐ Left-to-Right ☐ Front-to-Back



Does press have a dynamic balancer? ☐ Yes ☐ No

If so, what type is it? ☐ Reciprocating ☐ Rotating

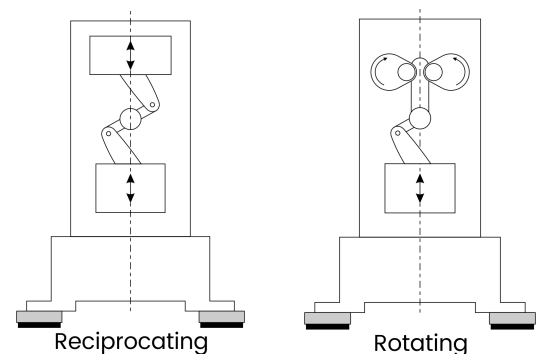
Percentage balanced: \_\_\_\_\_

	MAIN SLIDE	BALANCE SLIDE**
Slide assembly weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.
Upper die weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.	<input type="checkbox"/> lbs. <input type="checkbox"/> Kg.
Stroke length:	<input type="checkbox"/> In. <input type="checkbox"/> mm	<input type="checkbox"/> In. <input type="checkbox"/> mm
Connection length:	<input type="checkbox"/> In. <input type="checkbox"/> mm	<input type="checkbox"/> In. <input type="checkbox"/> mm

\*\* Balance slide information not required if percentage balance information is known and listed at the beginning of this section. However, main slide information is still required.

Form #: S-8 Rev: 8 2022.06

## DYNAMIC BALANCER TYPES



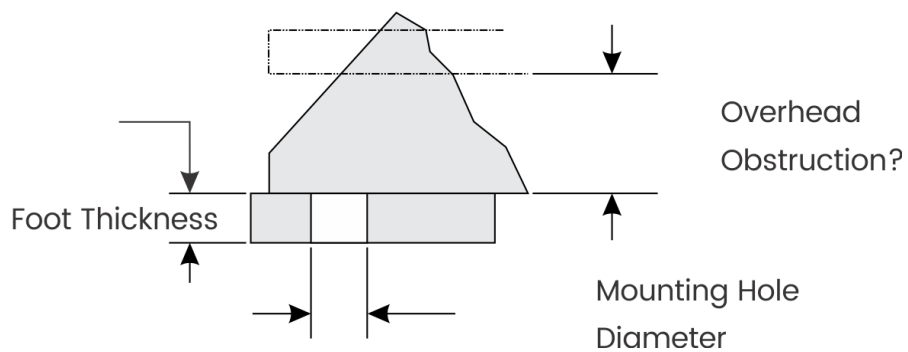
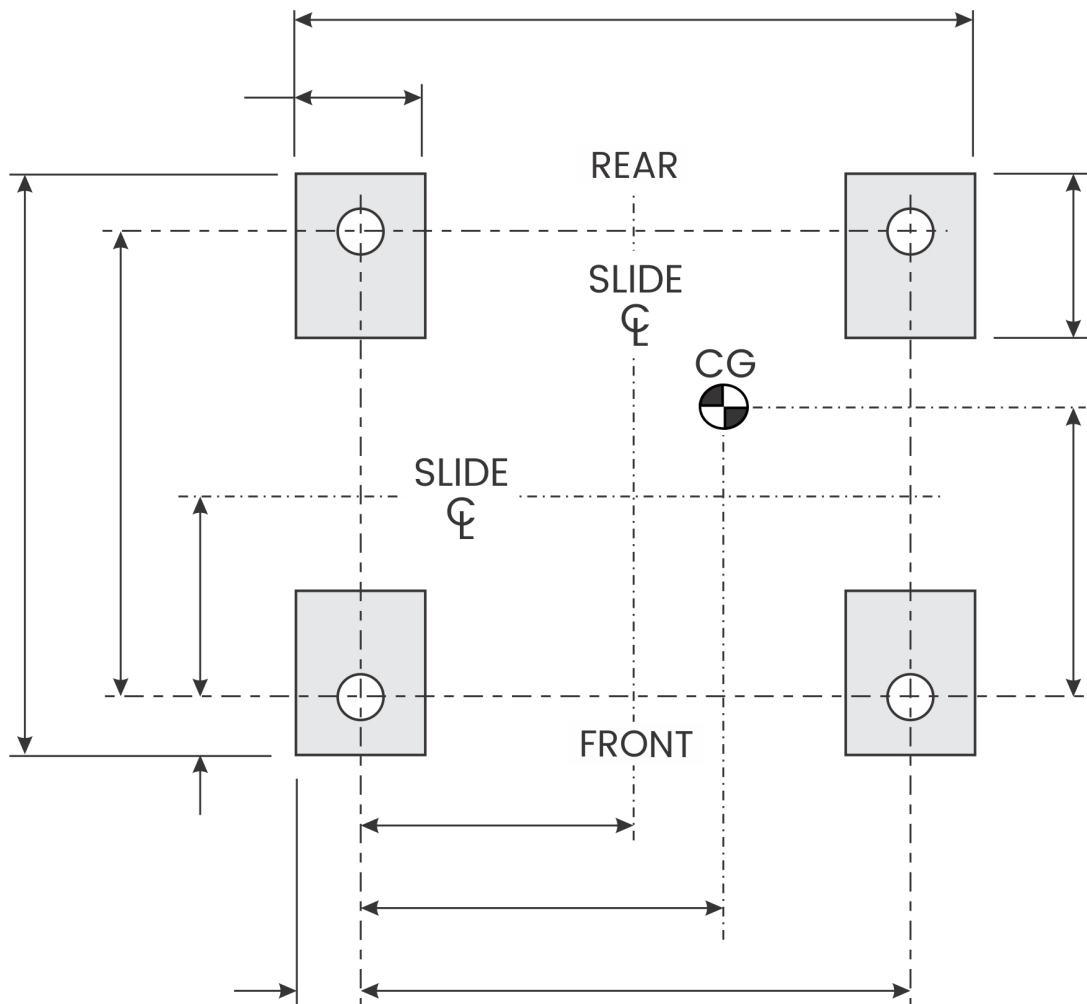
## PRESS PLAN VIEW DIMENSIONS

Please indicate units of measure

☐ English

☐ Metric

Height of center-of-gravity from press feet:



Number of mounting holes:

If press has two mounting holes per foot, provide the following dimensions.

