# PRESS MOUNT CALCULATION FORM

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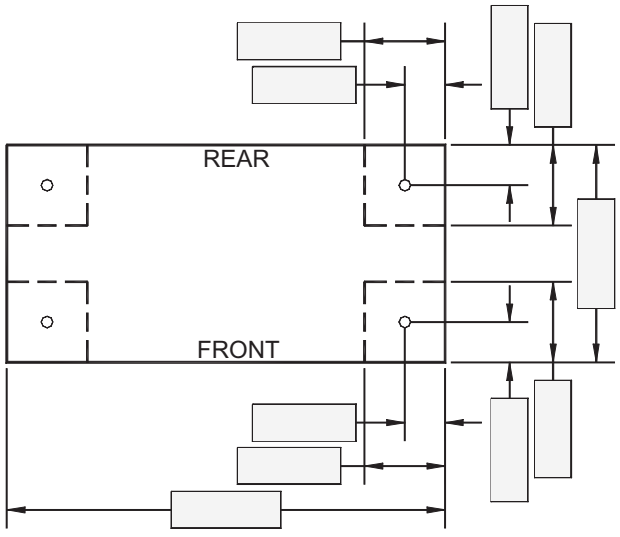
**THIS DESIGN SERVICE IS FREE. COMPLETE CONTACT INFORMATION IS REQUIRED TO RECEIVE YOUR QUOTE!**

**CUSTOMER NAME:**_____
**ADDRESS:**_____
_____
**PHONE:**_____ **FAX:**_____ **E-MAIL:**_____
**POINT OF CONTACT:**_____

## PRESS CHARACTERISTICS

PRESS MAKE:_____ MODEL:_____
PRESS TYPE: OBI ☐ OBS ☐ S.S. ☐ OTHER:_____
PRESS CAPACITY (TONS):_____ PRESS WEIGHT:_____
PRESS SERIAL NUMBER:_____ MAX DIE WEIGHT:_____
PRESS FUNCTION: BLANKING ☐ DRAWING ☐ EMBOSSING ☐ OTHER:_____
BED SIZE:_____ PRESS HEIGHT:_____
FOOT THICKNESS:_____ MAX. TOP WASHER DIA._____
STROKE LENGTH:_____ STROKES PER MINUTE:_____
WEIGHT DISTRIBUTION: BALANCED ☐ UNBALANCED ☐ DESCRIBE:_____
_____
MECHANICAL ☐ HYDRAULIC ☐ PNEUMATIC ☐ OTHER:_____
BOLT LENGTH RESTRICTIONS ABOVE FEET? DESCRIBE:_____
_____
OBSTRUCTION BELOW BOTTOM OF PRESS FEET? DESCRIBE:_____
_____

## PRESS FEET DIMENSIONS (PLEASE COMPLETE)




BOLT HOLE SIZE:
☐ ACTUAL
☐ ESTIMATED

IF PIT IS PRESENT OR REQUIRED, PLEASE SEND DRAWINGS.

PLEASE QUOTE:
☐ PRESS MOUNTS
☐ ANCHORS
☐ ISOLATION PAD
☐ GROUT
☐ ISOLATED FOUNDATION