

Request for quote:  Quotation  Budgetary Estimate

<b>VIBRO/DYNAMICS LLC</b> 2443 Braga Drive Broadview, Illinois 60155-3941 Telephone: 800-842-7668 or 708-345-2050 Fax: 708-345-2225 <a href="http://www.vibrodynamics.com">www.vibrodynamics.com</a> Email: <a href="mailto:vibro@vibrodynamics.com">vibro@vibrodynamics.com</a>	<input type="checkbox"/> 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: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail

**I. MACHINE DATA**      English       Metric 

Machine manufacturer: _____	Serial number: _____
Machine model number: _____	Machine weight: _____
Type of machine: _____	Maximum additional weight: _____
Maximum part weight: _____	Number of mounting points: _____
Weight of fixtures (if any): _____	(see section VI on the next page for more on mounting points)

**II. OPERATING SPEED RANGES**

Main tool spindle or chuck: _____ RPM's	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical
Motor spindle: _____ RPM's	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical
Other rotating member: _____ RPM's	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical
Describe other rotating member: _____		
Is there a balancer? <input type="checkbox"/> Yes <input type="checkbox"/> No    What type? _____		

**III. TABLE TRAVERSE (if applicable)**

Moving weight: _____	Which axis? (check those that apply)
Maximum acceleration: _____	<input type="checkbox"/> x-axis <input type="checkbox"/> y-axis <input type="checkbox"/> z-axis
Maximum velocity: _____	

**IV. OTHER TRAVERSE ACTIONS (if applicable)**

Moving weight: _____	Which axis? (check those that apply)
Maximum acceleration: _____	<input type="checkbox"/> x-axis <input type="checkbox"/> y-axis <input type="checkbox"/> z-axis
Maximum velocity: _____	

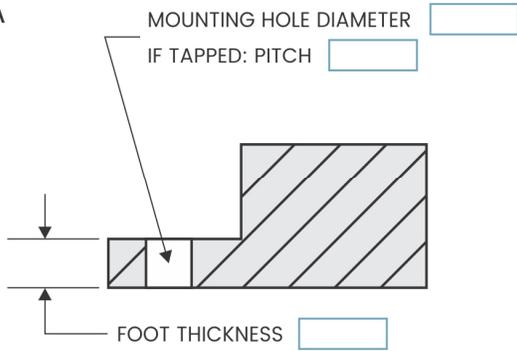
**V. PLEASE PROVIDE A GENERAL ASSEMBLY DRAWING, IF POSSIBLE**

**VI. CHECK TYPE OF MOUNTING POINT AND LIST APPLICABLE DIMENSIONS**

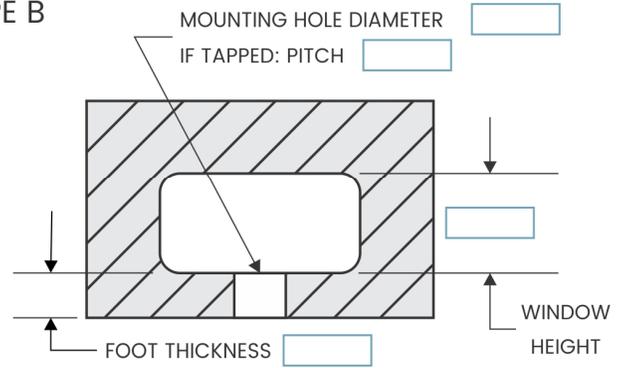
For the following data, please indicate units of measure:  English  Metric

If blind tapped hole: Mounting hole diameter  Pitch  Depth

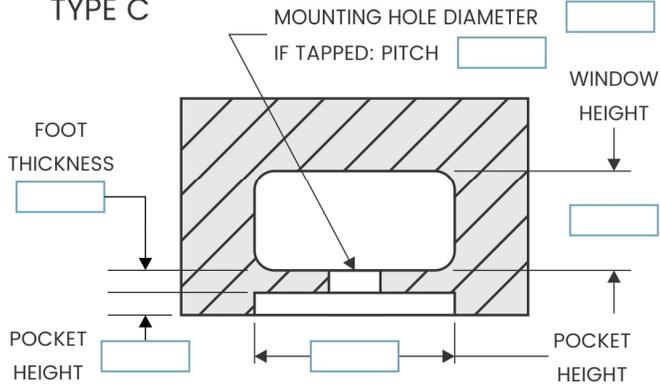
**TYPE A**



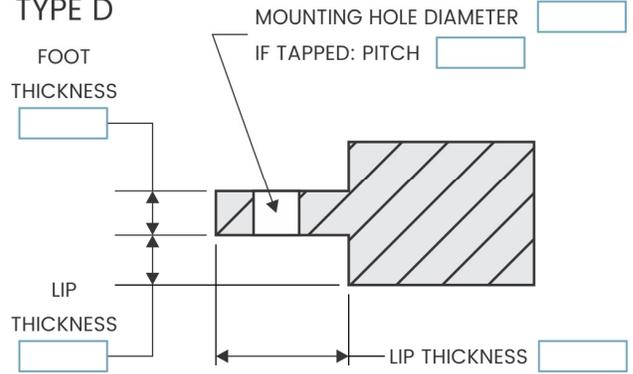
**TYPE B**



**TYPE C**



**TYPE D**



**VII. USE THE SPACE BELOW FOR SKETCHES AND/OR COMMENTS ON ANY SPECIAL CONSIDERATIONS**