

ROTARY DIE SALES ORDER
ARROW TOOL & STAMPING COMPANY, INC.

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Order #: _____ Date: _____

Date Required: _____

Customer: _____

Address: : _____

City: _____ State: _____ Zip: _____

PO#: _____ Contact: _____

Phone No: _____ Fax No: _____

Type of Order:

____ New ____ Re-sharpen ____ Rework ____ Other ____

Price: _____

Die Configuration:

____ Rectangle ____ Circle ____ Oval ____ As Specified ____ Perf

Ship Via: _____

Per Enclosed:

____ Drawing ____ Dieline ____ Sample ____ Other

Note: Please use reverse side to indicate Web Travel for special shapes and other pertinent data:

Equipment Data:

Machine Make and Model: _____

Gearing: _____ Web Width: _____

Die Data:

Die Blank: ____ Reversible ____ Standard

Number of Cavities Across: _____ Cavity Dimension: _____ Corner Radius: _____

Row Spacing: _____ Center Spacing Across: _____

Number of Cavities Around: _____ Cavity Dimension: _____

Spacing Around: _____

Repeat Center Spacing Along Web: _____ Roll Repeat: _____

Bearer Diameter: _____ Journal Diameter: _____

Spacer Dimension: _____ Number of Gear Teeth: _____

Shapes Across Are: _____ Centered _____ Off Centered (Show off Center on Reverse Side)

Die Cutting Requirements:

Gear Supplied: _____ Yes _____ No

_____ To Liner _____ Metal to Metal

_____ Multi-Level _____ Undercutting

Steel Info.

Thru Ink: _____ Yes _____ No

Chrome Plate: _____ Yes _____ No

Label Application: _____ Hand _____ Automatic

Stock Identification

Length of Run: _____