




# PRECISION TOOLS

	<h2>Punches budget request</h2>
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Costumer, company and contact details:	Country:
Machine / Brand:	Deadline:

Product:	N° Stations:	Quantity request:
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Punch Type: ISO _____ TSM _____ "B" <input type="checkbox"/> "D" <input type="checkbox"/> "441" <input type="checkbox"/> Other: <input type="checkbox"/> _____	Shape:    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Round <input type="checkbox"/> Eliptic <input type="checkbox"/> Oblong <input type="checkbox"/> Other <input type="checkbox"/> _____
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Rotating Head: <input type="checkbox"/> Upper Punch <input type="checkbox"/> Lower Punch	Dimensions: _____ Concave ray: _____ mm
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Dies: "B" <input type="checkbox"/> "D" <input type="checkbox"/> "BB" <input type="checkbox"/> BBS: <input type="checkbox"/> Other: <input type="checkbox"/>	Keyway Required: <input type="checkbox"/> Upper Punch <input type="checkbox"/> Lower Punch Keyway angle: _____ Degrees
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Taper required: No <input type="checkbox"/> Yes <input type="checkbox"/> if yes 1 side <input type="checkbox"/> 2 sides <input type="checkbox"/>	Direction of rotation (Turret): Clockwise <input type="checkbox"/> Counter-Clockwise <input type="checkbox"/>
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Breakline: <input type="checkbox"/> Upper Punch <input type="checkbox"/> Lower Punch	Seal Groove: No <input type="checkbox"/> Upper Punch <input type="checkbox"/> Lower Punch <input type="checkbox"/>
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Embossed: <input type="checkbox"/> Upper Punch <input type="checkbox"/> Lower Punch	Which:
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Material: <input type="checkbox"/> Standard <input type="checkbox"/> Other: _____	Punch surface treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
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Product Characteristics: <input type="checkbox"/> Corrosive <input type="checkbox"/> Plastic <input type="checkbox"/> Abrasive <input type="checkbox"/> Sticky <input type="checkbox"/> Elastic	Special features of difficulties with the product:
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Compression Force (kN):
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Thickness (mm):
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Plan: Model <input type="checkbox"/> Drawing <input type="checkbox"/> New <input type="checkbox"/> Lurga Reference <input type="checkbox"/> _____
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Signature:	Date:
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