

In-Die Tapping Application Sheet

CUSTOMER INFORMATION

Date: _____

Company Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Address: _____

State: _____ ZIP: _____

PRESS INFORMATION

Press Type: Mechanical ____ Hydraulic ____

Press Stroke: _____

Tapping Stroke: _____

Stripper Travel: _____

Desired Speed: _____

PART INFORMATION

Material Type: _____

Diameter & Pitch: _____

Number of Taps: _____

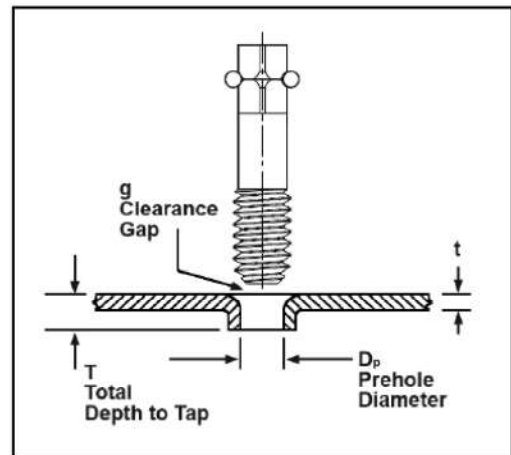
Hole Layout: _____

Tapping Direction (check one):

Top Down ____ Bottom Up ____ Sideways ____

Total Depth to Tap (T): _____

Clearance Gap (g): _____



Part Print Sent? Yes ____ No ____

Strip Layout Sent? Yes ____ No ____

Part and layout prints are very helpful to ensure proper unit selection. Please send
TO THE ATTENTION OF: **In-Die Tapping Application Engineering Department**