Posi-Bend™
Special Request Quote Form

Date:

COMPANY INFORMATION

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

APPLICATION INFORMATION

End use Method: Stamping Press ☐ Press Brake ☐ Preferred Product: Posi-Bend ☐ Accu-Bend ☐

Order Quantity: Material Type & Grade: _____

Material Tensile Strength: _____ Annual Production Volume: _____

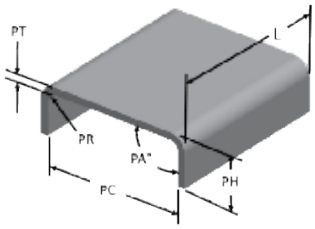
L = Length of Bend (bender length): _____ PT = Part Material Thickness: _____

PH = Part Height (bent leg): _____ PR = Part Radius (inside): _____

PC = Part Channel (inside): _____ PA = Part Angle (inside): _____

Over Bend required (30° max): _____ Check here if tool marks are not acceptable ☐

Check here if you are interested in test bending this part ☐ No. of drawings attached: _____



Comments:

TYPE OF BEND (check one)

Square ☐

Over Square ☐

Channel ☐

Short Leg ☐

Under Square ☐

"Z" Bend ☐

"Hat" Bend ☐

"J" Bend ☐
(requires two hits)

Note: For "Z", "Hat" or "J" bends, please specify top of part to top of flange dimension in notes

1 Press Brake application may require special mounting plate to secure the Benders
2 Annual production volume will be assumed as 250,000, if it is not specified.
3 If the over bend angle is not specified by the customer, we will make a recommendation. However, this recommendation is not a guarantee and we make no warranty in final forming of material. We can perform a variety of test bending. Please contact our customer service regarding our test bending service.
4 Due to material characteristics we recommend the part radius should be at least equal to material thickness. The final part radius is a result of anvil geometry and material behavior.

Phone: 800-652-6462 **Fax: 800-406-4410**