Inquiry Sheet

E-MAIL overseas-div@freebear.co.jp

Please copy this sheet and fill out the necessary items, and then send it to us by E-MAIL.

Filling date		(month)		(day)		(year)							
Yo	ur company na	ıme				TEL	-						
	Plant name					FAX	X						
Address T					·								
Filled by					Departr	men	t						
Press	□New □Existing			Qty.					ng	□Yes]No	
	Manufacturer name, Model			Pressing capa	city	ton			perating ir pressure			MPa(kg/cm²)	
				T-groove					groc	ove			
	Hole Thickness (R(
	**Please fill in the measured value of actual size.(Unit: mm)												
Other machines													
Workpiece	Size	Max: Width () mr	m × Depth () mm	× Heig	ıht () (mm				
	0120	Min.: Width () mr	m × Depth (h () mm × Height () 1	mm				
	Weight	Max. () kg	Min. (Num	of faces							
	Bottom shape			Eg.) Cl	etc. Material								
Use situation and conditions	Setup method	□Crane		□Forklift or pa	□Special truck			(□Ot	her		
	Persons required	Existing:	persons		Existing:			Change) E	xisting:	Times /	/ day	
		Target:	persons	Setup time -	Target:			frequen	СУТ	arget:	Times /	day	
	AFU fixing	□Yes ()				□No				
	Scrap removing	□Yes ()	Heat-resi	at-resistant [®] □Y		es (°C)	°C) □No		
	Air piping work	□Yes		□No	□No			□Other					
	Mold carrying-in direction	□Front		□Side	□Side								
Expected budget				Scheduled tii	Scheduled time for impler			out (Month) (Day)	(Year)	