



108 Sawyer Pkwy, Mansfield, OH 44903

Tel: 419-565-0096

[mhess@clinch.solutions](mailto:mhess@clinch.solutions)

## Clinch Solutions RFQ Information Form

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Extension: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Fill out as much of the following information that you know for the most thorough quote. It might feel a little overwhelming, so just do your best and we can help you fill in the rest.**

Part Name: \_\_\_\_\_

Strip Lift: \_\_\_\_\_

Part Number: \_\_\_\_\_

Stripper Travel: \_\_\_\_\_

Fastener Size: \_\_\_\_\_

Press Stroke: \_\_\_\_\_

Fastener Type: \_\_\_\_\_

Target Speed: \_\_\_\_\_

Number of Fasteners: \_\_\_\_\_

Estimated Annual Usage: \_\_\_\_\_

Centerline of Multiple Fasteners: \_\_\_\_\_

Die Type: (circle one)

Part Material: \_\_\_\_\_

Progressive    Transfer    Secondary

Part Thickness: \_\_\_\_\_

If Secondary: (circle one)

Die Progression: \_\_\_\_\_

Automatic                  Single Hit

**Please provide part print, fastener print and strip layout (concept is fine) with part flow and orientation of part and fastener whenever possible. Please provide any other information that you know about this process:**

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_