

Application information for In-Die tapping

Company: _____

Datum: _____

Adress: _____

Phone: _____

Mobil: _____

Responsible: _____

E-Mail: _____

Project-/ Inquiry-Nr.:

Tap size: _____

Tapping direction: Top → Down

Number of taps: _____

Bottom → Up

Distance centerlines: _____mm

Feed type: Air

Progression: _____mm

Servo

Strip lifting: _____mm

Mechanical

Blank holder stroke: _____mm

Die type: Progressive

Press stroke: _____mm

Transfer

Target speed: _____

Special tooling

Estimated anual usage: _____

Notes:
