



Response form

Please return the questionnaire to:

Fax: 734-207-7222

If you have questions, please call:

Tel: 734-207-7200

Your inquiry will be processed promptly.

Questionnaire for impact extrusion presses

1. Information about the inquirer and company

Last name, first name	_____	Country	_____
Position	_____	Telephone	_____
Company	_____	Telefax	_____
Street address, P.O. Box	_____	eMail	_____
City, state, ZIP code	_____		
Line of business	_____		

2. Information about the equipment

Maximum part diameter _____ in
Maximum part length _____ in

3. Please enter any additional information that might be useful for quotation preparation:
