



ROTOFLEX

TOOLING DIVISION

ORDER FORM RETOOLING

Date (MM/DD/YY):		Your Die No:	Rotoflex Die Serial No:
Company Name:		P/O No:	
Street:		Contact Person:	Contact Phone No:
City:	Province:	Date Required (MM/DD/YY):	Return Via:

PRESS		GEAR	
Make:	Web Size:	Teeth:	Pitch:

STOCK		Enclosed?	
Material to be die cut:	Liner Thickness:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REASON FOR RETURN			
Die Cutting:		Stripping:	
Too Deep <input type="checkbox"/>	Not Deep Enough <input type="checkbox"/>	Labels Lifting <input type="checkbox"/>	Matrix Breaking <input type="checkbox"/>
Fracturing on Liner:		Cut should be:	
Linear Cut <input type="checkbox"/>	Cross Cut <input type="checkbox"/>	Kiss Cut <input type="checkbox"/>	Through Cut <input type="checkbox"/>
			Multi-Level <input type="checkbox"/>
Die used as:		Is Die cutting through pigmented Ink?	
Topcutter <input type="checkbox"/>	Undercutter <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Reasons (please print):

RFT-FM-0001