DOMED CNC MEMBRANE SWITCH OVERLAY EMBOSSING ORDER FORM

Please check off type of application and complete boxes 1. -7. For E-mail orders please remember to fax this form and a proof of your file to 989-725-8084. Ordering E-mail: imaging@owosso.com

800-444-5552

QUOTE # _____ **QUOTED PRICE $**_____

Acct# _____
Company _____
Address _____
City _____
State _____ **Zip** _____
Phone # _____

Ship To:
_____
_____
_____

Date _____
P.O.# _____
Date Required _____
Contact Person _____

E-Mail _____

Quantity of Dies_____

1. METAL CHOICE

MALE Die:

☐ **16 Gauge** (.064"/1.63mm)

☐ **11pt** (.153"/3.86mm)

☐ **¼"** (.250"/6.35mm)

FEMALE Die

☐ **11 Pt** (.153"/3.86mm)

☐ **¼"** (.250"/6.35mm)

2. TYPE OF DOMED DIE

☐ **Male Only**

☐ **Female Only**

☐ **Male/Female Set**

3. JOB MATERIAL

☐ **Polycarbonate**
☐ **Polyester**
☐ **Other** _____

THICKNESS:

☐ **5 mil** ☐ **7 mil** ☐ **10 mil** ☐ **Other** ___ **mil**

Additional thickness of ink, coatings, adhesives, etc.: _____mil

7. SHIPPING INSTRUCTIONS

✱ Shipped UPS Ground if no other shipping instructions are provided. Delivery times are standard times only, check availability in your area.

UPS

☐ Ground ✱
☐ Next Day Air (10:30am)
☐ NDA – Saver (3pm)
☐ 2nd Day Air
☐ 2nd Day Air AM (noon)
☐ 3 Day Select
☐ NDA Early AM (8:30am-where available)
☐ Saturday Delivery
☐ Direct Billing Acct#: _____

FED EX

☐ Priority (10:30 am)
☐ Standard (5 pm)
☐ 2 day
☐ Saver (3 Day)
☐ First Overnight (8:30am)
☐ Saturday Delivery
☐ Direct Billing Acct#: _____

4. FINISHING

Mark all that apply

☐ **Finished PLATE SIZE**

_____

Please include crop marks on your negatives or copy to indicate exact die size and trimming requirements.

☐ **Register Pins**
Quantity ____ Location _____

☐ **Bevel Edge** Degree _____

5. ETCH DEPTH

☐ **Depth for MALE** _____

Is "spring back included? ☐ **YES** ☐ **NO**

Approximately .006"/0.15mm for polycarbonate, .010"/0.25mm for polyester.

What embossing height do you want to achieve? _____

Embossing height should not be higher than 2.5 times the material thickness.

OGA INTERNAL USE

Imaging _____
Film Check _____
Cutting _____
Printing _____
Flat # _____
Tooling _____
Sawing _____
Mailer _____

6. METHOD OF PAYMENT

☐ **Credit Card** ☐ ***COD*** *All orders must be paid by credit card or COD until credit is established.*

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__

Name _____ _____Exp. Date ___/___

Signature_____

☐ Invoice my company – credit is established

SPECIAL INSTRUCTIONS

Owosso Graphic Arts, Inc. • 151 N. Delaney Rd. • Owosso, MI 48867 800-444-5552

OWOSSO is committed to product quality and customer satisfaction. Please examine your order immediately upon arrival. Inquiries concerning defects, errors, or shortages need to be made within 10 working days of the receipt of your order. If there is a manufacturing defect in the die, we will replace it immediately at no charge. Warranty covers replacement of the die only that has a manufacturing defect. OWOSSO is not liable for any other warranties, expressed or implied, or for damages which may be direct, incidental or consequential to use of the dies. Dies made from incomplete or miss-marked instructions do not qualify for no-charge warranty replacement.