



GENERAL INFORMATION

Project Information			
Project Name	End User Name/Address	End User Phone/E-mail	Distributor
	Name:	Phone:	
	Address:	E-mail	
S2K Quote #	RFQ Date	Target Quote Date	Target Install Date

Project Detail		
Tool Model		Torque Requirements - Max Torque
Air Pressure and Size of Line at Install Area	Cycles/Hr Shifts per Day	Attach a Print or Drawing File (If you have more than one Print or Drawing file, please zip them into a single file. Max file size 10 MB)
Line size _____ psi _____	Max Cycles/Hour _____ Shifts/Day _____	

Purpose of Request
Outline reason for quote - such as to improve quality, safety, productivity, or other.

Customer Specifications and Requirements
Include details of anything special here. Examples: Custom I/O, custom protocol, custom paint, and customer specifications, space limitations, non-standard or special items.



SPINDLE PROJECT DETAIL

Type of Operation	Reverse Operation Required?	Voltage Available (choose all that apply)	Include Print or Drawing File
Manual <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/> 110 <input type="checkbox"/> 220	If you have more than one Print of Drawing file, please zip them into a single file. Max file size 10 MB
Semi-Automatic <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 360 <input type="checkbox"/> 480	
Fully Automated <input type="checkbox"/>		Single Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/>	

System Specification				
No. of Spindles/Tools	Target Torque	Tool Model	Controller Model No.	Cable Lengths (M)

Joint Information				
No. of Fasteners	Fastener Type (Free Spinning, Prevailing Torque, or Thread Forming)	Joint Type Hard, Medium, Soft (≤30°, 100°, ≥200°)	Socket Size	Duty Cycle (cycles/min)

Tightening Strategy (describe, include any fault rework strategies)
Rework strategy: <input type="checkbox"/> Back-Out Spindle <input type="checkbox"/> Back-Out Companion Spindle <input type="checkbox"/> Back-Out all Spindles # of Retries _____

Controller Information			
Controller Mounting Enclosure or Rack	Door-Mounted Tray and/or Industrial PC (enclosure only)	Networking Requirements	Other (air conditioner, etc.)

Additional Services/Accessories Required on Quote (mark box of required)			
Services		Accessories	
Installation <input type="checkbox"/>		Light Tower <input type="checkbox"/>	Light Box <input type="checkbox"/>
Run-Off At AIMCO <input type="checkbox"/> On-Site <input type="checkbox"/>		Assembly Selector Switch 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
Stand-By Service <input type="checkbox"/>		Socket Tray 4 <input type="checkbox"/> 8 <input type="checkbox"/>	
Training <input type="checkbox"/>		Remote Handle <input type="checkbox"/>	Dummy Handle <input type="checkbox"/>
Application/Parts Testing <input type="checkbox"/>		Accessory Cable <input type="checkbox"/>	Model No. _____
Extended Warranty (____ years) <input type="checkbox"/>		E-Stop Switch <input type="checkbox"/>	Palm Reset Switch <input type="checkbox"/>
Other (describe)		Other (describe)	



Single / Multiple Spindle & Torque Reaction Arm Fastening Solutions

Power Head Description

Vertical (or angled from vertical) pivoted configuration	Vertical Configuration	Horizontal configuration	Loose spindles for mounting by integrator or customer
<p>Angle = _____ degrees (if applicable)</p>	<p>2-spindle examples shown side-by-side front to back</p> <p><input type="checkbox"/> check box for side-by-side <input type="checkbox"/> check box for front-to-back</p>	<p>Fixed Trunnion (rotating)</p> <p>Angle = _____ degrees (trunnion)</p>	<p><input type="checkbox"/> check box for loose spindles</p>
<input type="checkbox"/> Fixed spindles <input type="checkbox"/> Adjustable spindles	<input type="checkbox"/> Fixed spindles <input type="checkbox"/> Adjustable spindles	<input type="checkbox"/> Fixed spindles <input type="checkbox"/> Adjustable spindles	

Bolt Pattern Configuration

<p>Fixed Bolt Centers</p> <p>A = _____ mm</p> <p>A = _____ mm</p>	<p>Multiple Bolt Centers</p> <p>A = _____ mm B = _____ mm</p>	<p>Equally Spaced Bolts on a Bolt Circle Diameter</p> <p>Bolt Circle Diameter</p> <p>Number of Bolts = _____</p> <p>Bolt Circle Diameter = _____</p>
<p>Adjustable Bolt Centers</p> <p>Pos 'A' Pos 'B'</p> <p>A = _____ mm B = _____ mm</p>		

Tool Suspension System (please indicate dimensional details of floor to work piece, to rail, etc. where relevant)

<input type="checkbox"/> Rail Mount Spring Balancer 	<input type="checkbox"/> Floor Mount Articulated Arm <p>A = _____ mm</p>	<input type="checkbox"/> Rail Mount Articulated Arm <p>A = _____ mm</p>	<input type="checkbox"/> Rail Mount Torque Arm <p>A = _____ mm</p>	<input type="checkbox"/> Rail Mount Air Cylinder <p>A = _____ mm</p>	<input type="checkbox"/> Floor Mount Station Mounted 	<p>Dimensions (if applicable)</p> <p>A = _____ mm B = _____ mm C = _____ mm</p>
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Preliminary Specification Sheet - Request for Quote (RFA)

TORQUE REACTION ARM

Maximum/ Minimum Reach needed: _____ / _____ inches from Center Line of Arm

Distance to Bottom of Product at Lowest Position: _____ inches

Distance to Bottom of Product at Highest Position: _____ inches

Please indicate Where Measurement Was Taken From: _____ Floor, Platform, Etc

Clearance Factors:

Distance to lowest fixed overhead obstruction which can't or would not be moved: _____ inches from floor

Obstruction:

Mounting Preference				
Fixed Floor Mount <input type="checkbox"/>	Fixed Overhead Mount <input type="checkbox"/>	Portable Forklift/Pallet Jack Base <input type="checkbox"/>	Mobile Overhead Bridge Mount <input type="checkbox"/>	Other <input type="checkbox"/>
Ending Tool Preference: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal				Explain:
Tilt: <input type="checkbox"/> 90° tilt <input type="checkbox"/> 180° tilt Other: _____				

Send Quote To	RFQ Requested By
<input type="checkbox"/> Distributor <input type="checkbox"/> Customer	Name:

To submit this form via email you will need to download the PDF first, save it on your computer, fill it out and then click the "Submit" button. If you have trouble submitting this form electronically, you may print it out and fax it directly to AIMCO Customer Service, (800) 582-9015.