

Unisorb Machine Mounts

Machine Mount Worksheet



PLEASE COPY THIS SHEET, FILL IN APPROPRIATE DATA AND FAX BACK TO 888-808-4363

Company: _____ Contact Name: _____
Account Number: _____ Phone: _____
Address: _____ Fax : _____
City: _____ E-mail: _____
State/Zip: _____

MACHINE MANUFACTURER: _____

TYPE OF MACHINE: _____

MODEL NO: _____ SERIAL NO: _____

MACHINE WEIGHT: _____ MOLD WEIGHT (IF APPLICABLE): _____

OF MOUNTING POINTS: _____ FOOT L x W x THICKNESS: _____ x _____ x _____

MOUNTING HOLE DIA: _____ MAX. TOP WASHER DIA: _____

MAX STUD LENGTH: _____

WHAT PROBLEM ARE WE SOLVING?: _____

NEW USED (PREVIOUS INSTALLATION APPROACH)

COMMENTS: _____

OPTIONAL MACHINE LAYOUT

(YOU MAY USE THIS SPACE TO PROVIDE A SKETCH WITH ADDITIONAL DETAIL AND/OR WEIGHT DISTRIBUTION IF NEEDED.)

SUBMIT