

## Workholding Application Sheet



**ROEMHELD**  
HILMA ■ STARK

Fill the form out the best you can

### Form Filled By

<input type="checkbox"/> End User (name)	
<input type="checkbox"/> Distributor (name & company)	

### End User Information

<b>Company:</b>		<b>Problem / Pain Point / Challenge</b>
<b>Address:</b>		
<b>Contact:</b>		
<b>Email:</b>		
<b>Phone:</b>		
<b>Date:</b>		

### Project Needs

<b>Solution Type:</b>	<input type="checkbox"/> Project Assistance <input type="checkbox"/> Turnkey
<b>Product Types needed/desired:</b>	<input type="checkbox"/> Clamps <input type="checkbox"/> Supports <input type="checkbox"/> Power Units <input type="checkbox"/> Vises <input type="checkbox"/> Zero Point <input type="checkbox"/> Assembly / Handling

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## Manufacturing Parameters

<b>Machine Manufacturer/Type</b>	
<b>Machine Axes</b>	<input type="checkbox"/> 3-Axis <input type="checkbox"/> 4-Axis <input type="checkbox"/> 5-Axis
<b>Machine Setup</b>	<input type="checkbox"/> Retrofitting <input type="checkbox"/> New Machine
<b>Environment / Conditions</b>	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Swarf <input type="checkbox"/> Dust <input type="checkbox"/> High Temp

<b>Workpiece Dimensions</b>	
<b>Workpiece Material</b>	

## Clamping Parameters

<b>Clamping Type</b>	<input type="checkbox"/> single-acting <input type="checkbox"/> double-acting <input type="checkbox"/> either
<b>Clamping Force Total</b>	
<b>Clamping Stroke</b>	

<b>Operating Pressure</b>	
<b>Clamp Power Type</b>	<input type="checkbox"/> Hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> electric
<b>Position Monitoring</b>	<input type="checkbox"/> electrical <input type="checkbox"/> pneumatic <input type="checkbox"/> volumetric

~ Please save and send the form with any **photos** or **videos** of your application to help us better understand your needs to [quotes@roemheld-usa.com](mailto:quotes@roemheld-usa.com)

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