



LEDERLE

830 Jefferson St. ~ Pacific, MO. 63069

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www.lederle.com

Repair/Retool Form

Company Name
Contact
Address
City, State Zip
Phone ()

Fax ()

P.O. # : _____
Die #: _____
Date Sent: _____

Press Model & Width	Gear Size (Teeth)	Gear Pitch
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SHAPE _____

Across _____ Dim. Across: _____ Space Across: _____ C.T.C: _____

Around _____ Dim. Around: _____ Space Around: _____ C.T.C: _____

Corner Radius _____

Stock/Liner:	Supplied?	Yes	No
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Adjustable Lineal: (circle all that apply)

Scorer: P/S Top P/S Under Slitter (M/M)

Please Circle all that apply:

Problem Sample Enclosed?	Yes	No
Die is worn, needs normal sharpening?	Yes	No
Die is Cutting:	Too Deep	Not Deep Enough
Stripping Problems:	Labels Lifting	Waste Breakage
Fracture at:	Lineal Cuts	Cross Cuts
Labels are:	Hand Applied	Auto Applied
Cut is:	Pressure Sensitive (Kiss Cut)	Metal to Metal (Through)
The die is a:	Top Cutter	Under Cutter
Is the Die Multilevel?	Yes	No

RETURN VIA: _____ DATE REQUIRED: _____

Additional Information: _____
