

REQUEST FOR WRAPPER QUOTATION

Customer: _____ Phone: (____) _____
 Address: _____ FAX: (____) _____
 _____ Attention: _____
 City: _____ Title: _____
 State: _____ Zip _____ Agent: _____
 E-Mail: _____

MAIL/FAX/E-MAIL Quote to: CUSTOMER AGENT

	PRODUCT	SIZE L x W x H	SPEED REQUIRED
A			
B			
C			
D			
E			

Longitudinal Seal - FIN BEAD

Wrapping Material - SPECS: _____; CLEAR CONT PRINT REG. PRINT

Customer DOES / DOES NOT have wrapping material - Sample wrapped product required: YES NO

Sample of Products: ENCLOSED / AVAILABLE - A B C D E

Quote Model: 40E 40 140 140E 3500

Quote Shrink Models: S40 S140 S3500 SR-60 RANDOM SHRINK

Finish: EPOXY SS

ACCESSORIES

Required

Optional

Platform Chain _____	<input type="checkbox"/>	<input type="checkbox"/>
Dual Pitch _____	<input type="checkbox"/>	<input type="checkbox"/>
Additional Infeed Conveyor _____	<input type="checkbox"/>	<input type="checkbox"/>
Double Parent Roll _____	<input type="checkbox"/>	<input type="checkbox"/>
Electric Eye For Printed Film _____	<input type="checkbox"/>	<input type="checkbox"/>
Code Dater, Model _____	<input type="checkbox"/>	<input type="checkbox"/>
Film Perforator _____	<input type="checkbox"/>	<input type="checkbox"/>
Special End Crimper _____	<input type="checkbox"/>	<input type="checkbox"/>
Relieved Crimper Shaft _____	<input type="checkbox"/>	<input type="checkbox"/>
Roller Rider Conveyor _____	<input type="checkbox"/>	<input type="checkbox"/>
Casters _____	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Spare Parts _____	<input type="checkbox"/>	<input type="checkbox"/>
Lazy Susan Turntable _____	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Include INSTALLATION / DEMONSTRATION _____ Days - Electrical Specifications _____ v. _____ ph. _____ hz.

Type of Former Preferred: FIXED ADJUSTABLE

Competition: _____

Other Comments: _____