



REQUEST FOR WRAPPER QUOTATION

Customer: _____ Phone: (_____) _____
 Address: _____ FAX: (_____) _____
 City: _____ State: _____ Zip _____
 Attention: _____ Title: _____
 E-Mail: _____
 Agent _____ E-Mail: _____
 E-MAIL Quote to: CUSTOMER AGENT _____

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

Quote Model:

- H90M
- H150M
- H 3500
- HR150 (Random)

Quote Shink Models:

- HS150
- HS3500
- HSR150 (Random)

Wrapping Material - SPECS: _____; CLEAR CONT. PRINT

Customer does or does not have wrapping material

Sample wrapped product required: YES NO

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

Finsh: Powder Coat Stainless Steel



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 _____	<input type="checkbox"/>	<input type="checkbox"/>
Labeler _____	<input type="checkbox"/>	<input type="checkbox"/>
Film Perforator _____	<input type="checkbox"/>	<input type="checkbox"/>
Relieved Crimper Shaft _____	<input type="checkbox"/>	<input type="checkbox"/>
Roller Rider Conveyor _____	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Spare Parts Kit _____	<input type="checkbox"/>	<input type="checkbox"/>
Lazy Susan's 36" or 48" With or without side tables _____	<input type="checkbox"/>	<input type="checkbox"/>
110 Outlet to run LZ Susan's _____	<input type="checkbox"/>	<input type="checkbox"/>
Infeed Side Tables (5ft Sections) Roll up or Attached _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Include INSTALLATION / DEMONSTRATION _____ Days Factory Technician - Yes No

Competition: _____

Comments: _____
