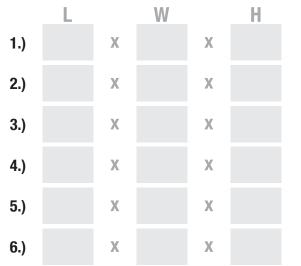


## BOX TEST Request Form

**PHONE:** 

| DATE:         | DEAL ID: |
|---------------|----------|
| END USER:     |          |
| CONTACT NAME: | PHONE:   |
| EMAIL:        |          |
| ADDRESS:      |          |

## **BOX SIZES YOU WANT TO TEST**



## **ADDITIONAL NOTES:**

**DISTRIBUTOR:** 

**CONTACT NAME:** 

**EMAIL:** 

**ADDRESS:** 

## **CARTON SEALER INFORMATION**

WHAT MACHINE DID YOU WANT TO TEST? (IF KNOWN)

| CHOOSE ONE OF THE FOLLOWING:<br>SEMI-AUTOMATIC FULLY-AUTOMATIC |  |
|--|--|
| DO YOU NEED A VIDEO OF THE TEST?<br>YES NO                     |  |

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