

# BPX TESTING

## Request Form

RSM Name:

Date:

DEAL ID:

**DISTRIBUTOR:**

Name of Contact

Phone Number

Email Address

Address

**END USER:**

Name of Contact

Phone Number

Email Address

Address

**MACHINE TYPE:**

- Shrink     Poly Bundler     Flow Wrapper     Stretch Wrapper     Labeler  
 Conveyor     Ink Jet Coder     Other

Model Number:

**DESIRED RESULTS:**

(what exactly needs to be accomplished)

**AVAILABLE PRODUCT FOR DEMO?**

- Film     Packaging Materials     Product Samples

Materials Available 2 Days Before Demo?

- Yes     No

Is your Desired Machine confirmed in stock at BPX?

- Yes     No

**MEETING INFORMATION:**

- Video Recorded     Save Samples  
 Facetime Meeting     Live Teams

Will there be guests present during the demo:

- Yes     No

Required Test Date or Completion Date: