

# FULLY AUTOMATIC HORIZONTAL FFS WRAPPER APPLICATION FORM

 DEAL ID: 
**END USER INFORMATION**

Company Name

Address

City  State  Zip Code

Contact Name & Title  Telephone No.

E-Mail

**DEALER INFORMATION**

Company Name

Address

City  State  Zip Code

Contact Name & Title  Telephone No.

E-Mail

**PACKAGE INFORMATION:**

|                       | LENGTH               | WIDTH                | HEIGHT               |
|-----------------------|----------------------|----------------------|----------------------|
| Minimum Package Size: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maximum Package Size: | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**ADJUSTABLE FORM BOX NEEDED?**  (to accommodate various size packages)

**TYPE OF PACKAGING:**

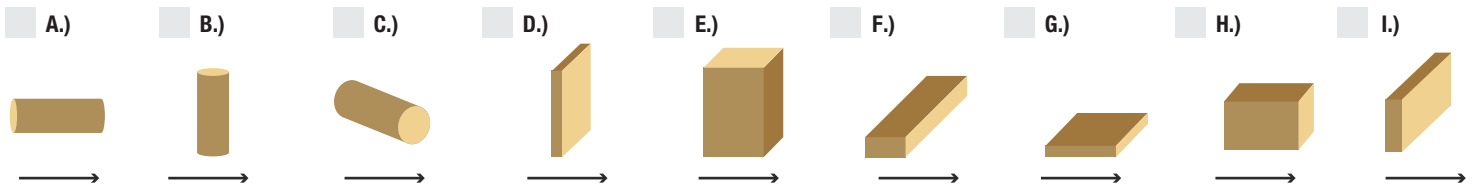
**MACHINE INFORMATION:**

**DESIRED SPEED:**  
 Desired package speed for smallest item:   
 Desired package speed for largest item:

**HOW WILL MACHINE BE LOADED:**  
 Loaded by Hand  
 Production Line Conveyor

If loading automatic, right angle or in-line needed?

Which direction is the package traveling?


**ADDITIONAL INFORMATION:**

Need a Smart Belt Inline Automatic Feeding System?  Yes  No

Does the System Need to be Portable?  Yes  No

Is An Extended Infeed Needed for Additional Loading Space?  Yes  No

**FILM INFORMATION:**

**FILM TYPE:**  
 Standard BOP Film  Laminate or Multilayer Film

What is the Line Height?

Will printed film be used?  Yes  No

**PROJECT INFORMATION:**

Time-Frame for Getting Machine in Place:

Customer Budget for Project:

**STAGE OF SALES CYCLE:**  
 Selecting Vendor  Submitting for Approval  
 Requesting Quote  Funds Approved