

SEMI-AUTOMATIC SHRINK APPLICATION SURVEY FORM DEAL ID:

Company Name				Company Name					
Address				Address					
01									
City	State Zip Cc	de		City		State 2	Zip Code		
Contact Name & Title				Contact Name & Title					
Telephone No.				Telephone No.					
E-Mail				E-Mail					
PACKAGE INFORMATION:									
LENGTH	WIDTH	HEIGHT	AGE INFU	RIVIATION:	LENGTH	WIDTH	HEIGHT		
Minimum Package Size:		nLiam	Max	mum Package Size:	LINGTH				
Which direction is the package traveling?									
A.) B.)	C.) D.		E.)	F.)	G.)	H.)	i.)		
MACHINE OPTIONS:				FILM INFORMATION:					
Magnetic Arm Hold Down?		Yes	No	FILM TYPE: Polyolefin Shrink Film Polyethylene Shrink Film PVC CURRENT OR DESIRED FILM:					
Power Discharge Conveyor (Transfer product from L-Sealer directly into shrink tunnel)		Yes	No						
Customer Planning on Moving System? (Different locations in their plant)		Yes	No	Please describe film type, brand, model number, width, thinckness, etc. if known:					
One Common Frame with One Power Cord? (L-Sealer and shrink tunnel)		Yes	No						
Inverting Head	Yes	No							
Power Film Unwind	Yes	No	DESIRED SEAL S	YSTEM: V	/ire Micr	oknife Hot Knife			
Stainless Steel			No	CUSTOMER PREFERENCE					
PRODUCT FLOW: Right to Left (Standard) Left to Right (Custom)	VOLTAGE REQUIREMENTS:110 Volt220 Volt			Packaging Prefe Dust Cover? Yes No		y Enclosure ackaging? s No	Bulls Eye Wrap Industrial Packaging? Yes No		

PREFERRI Live Rollers (standard) Dead Rollers	ED TUNNEL CONVEYOR ST High Density Rollers Teflon Mesh Belt	DESIRED SEAL SYSTEM: Wire Microknife Hot Knife				
PRODUCT FLOW: Right to Left (Standard)Left to Right (Custom)	VOLTAGE REQU 110 Volt 220 Volt	JIREMENTS: 480 Volt	CONVEYOR NEEDED AFTER THE SHRINK TUNNEL? (Pick one): (Pick one): Powered Gravity Straight Curved			
AREA FACTORS: (space limitations?, uneven floors?, 2nd	floor?, no dock?)					
Time Frame for Getting Machine in Place: What is Project Budget:			STAGE OF SALES CYCLE:Selecting VendorRequesting QuoteSubmitting for ApprovalFunds Approved			

