



AUTOMATIC HORIZONTAL FFS WRAPPER APPLICATION DETAILS FORM

DATE:

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

DESCRIBE THE REASON FOR THIS EQUIPMENT PURCHASE:

PACKAGE INFORMATION:

PRODUCT DESCRIPTION:

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

SPECIAL HANDLING: (fragile, temperature, humidity, etc.)

PRODUCTION DETAILS:

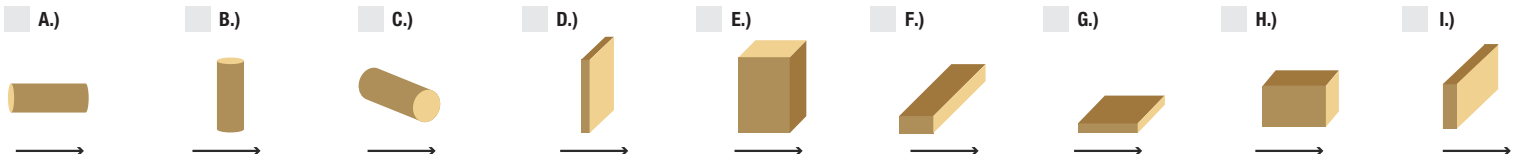
VOLUME:

PER SHIFT (8 hours)	<input type="text"/>	DAY (24 hours)	<input type="text"/>	WEEK (5 days)	<input type="text"/>
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Rate Desired Per Minute:

In-Feed Type: (manual, conveyor, robotics, etc.)

WHICH DIRECTION IS THE PACKAGE TRAVELING?



OPERATIONAL REQUIREMENTS

INTEGRATION: EXISTING EQUIPMENT

Conveyor In-Line Feed Robotics

Other:

PRINT INFORMATION

PRINT IN-LINE: Yes No

DATA/CODE: BARCODE: ITEM#:

COLOR PRINT: Yes No

MODIFIED ATMOSPHERIC PACKAGING (M.A.P.)

GAS FLUSH REQUIRED: Yes No

SANITATION:

WIPE DOWN: Yes No

WASH DOWN: Yes No

FILM INFORMATION:

FILM TYPE:

Standard BOP Film Laminate or Multilayer Film

FILM THICKNESS:

Standard 1.4mil BOPP Other:

PRE-PRINTED FILM:

Yes No

REGISTERED PRINT:

Yes No

RANDOM REPEAT PRINT:

Yes No

Please forward images of print/film samples via email to sales@bestpack.com along with this application form.