

AUTOMATIC HORIZONTAL FFS WRAPPER APPLICATION DETAILS FORM

| DATE: DEAL ID: |
|----------------|
|----------------|

| END USER INFORMATION Company Name | | | Co | mpany Name | DEALER INFO | RMATION | | |
|---|--------------------------|---------|-------------|-----------------|---------------------|---|--------------------------|----------|
| Company Name | | | | | mparty Harrio | | | |
| Address | | | | Ad | dress | | | |
| | | | | | | | | |
| City | S | State | Zip Code | City | / | | State | Zip Code |
| | | | | | | | | • |
| Contact Name & Title | | | | Со | ntact Name & | Title | | |
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| Telephone No. | | | | Tel | ephone No. | | | |
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| E-Mail | | | | E-N | //ail | | | |
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| PACKAGE INFORMATION: | | | | | PRODUCTION DETAILS: | | | |
| PRODUCT DESCRIPTION: | | | | | vo | DLUME: | | |
| | | | | | PEF | | DAY hours) | WEEK |
| | | | | | 10 | | | (5 days) |
| | | | | | | , | | (5 days) |
| | LENGTH | WIDTH | HEIGHT | PRODUCT WEIGH | т: _В | Rate Desired Per Minute | | (5 days) |
| Minimum Package Size: | LENGTH | WIDTH | HEIGHT | PRODUCT WEIGH | T: R | | | (6 days) |
| | LENGTH | WIDTH | HEIGHT | PRODUCT WEIGH | | ate Desired Per Minute | »: | |
| Minimum Package Size: Maximum Package Size: SPECIAL HANDLING: (fragile, temp | | WIDTH | HEIGHT | PRODUCT WEIGH | | | »: | |
| Maximum Package Size: | | WIDTH | HEIGHT | PRODUCT WEIGH | | ate Desired Per Minute | »: | |
| Maximum Package Size: | | WIDTH | HEIGHT | PRODUCT WEIGH | | ate Desired Per Minute | »: | |
| Maximum Package Size: | | WIDTH | | | Ir | Rate Desired Per Minute | »: | |
| Maximum Package Size: | | WIDTH | | PRODUCT WEIGH | Ir | Rate Desired Per Minute | »: | |
| Maximum Package Size: | erature, humidity, etc.) | | | | Ir | Rate Desired Per Minute | »: | c.) |
| Maximum Package Size: SPECIAL HANDLING: (fragile, temp | erature, humidity, etc.) | | WHICH DIREC | TION IS THE PAC | Ir CKAGE TRAVI | Rate Desired Per Minutent- n-Feed Type: (manual, con | : veyor, robotics, et | c.) |
| Maximum Package Size: SPECIAL HANDLING: (fragile, temp | erature, humidity, etc.) | | WHICH DIREC | TION IS THE PAC | Ir CKAGE TRAVI | Rate Desired Per Minutent- n-Feed Type: (manual, con | : veyor, robotics, et | c.) |
| Maximum Package Size: SPECIAL HANDLING: (fragile, temp | erature, humidity, etc.) | | WHICH DIREC | TION IS THE PAC | Ir CKAGE TRAVI | Rate Desired Per Minutent- n-Feed Type: (manual, con | : veyor, robotics, et | c.) |

OPERATIONAL REQUIREMENTS

| INTEGRATION: EXISTING EQUIPMENT | MODIFIED ATMOSPHERIC PACKAGING (M.A.P.) | FILM INFORMATION: FILM TYPE: | | |
|---------------------------------------|---|---|--|--|
| Conveyor In-Line Feed Robotics Other: | GAS FLUSH Yes No | Standard BOP Film Laminate or Multilayer Film | | |
| PRINT INFORMATION | SANITATION: | FILM THICKNESS: Standard 1.4mil BOPP Other: | | |
| PRINT IN-LINE: Yes No | WIPE DOWN: Yes No | | | |
| DATA/CODE: BARCODE: ITEM#: | WASH DOWN: Yes No | PRE-PRINTED FILM: REGISTERED PRINT: RANDOM REPEAT PRINT | | |
| COLOR PRINT: Yes No | | Yes No Yes No Yes No | | |
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Please forward images of print/film samples via email to sales@bestpack.com along with this application form.

