

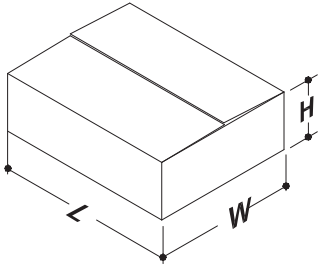
## Carton Sealer Application Survey Form

End User

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Dealer

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_



Length	Width	Height	Weight	% of Production

**Carton Status**

- Filled
- Under Filled
- Over Filled
- Re-Used

**Sample Cartons Sent**

Yes  No

If the carton is not R.S.C what type is it? \_\_\_\_\_

Application requires carton to be taped:  Top & Bottom  Top only  Bottom only

Application requires:  carton passing through with no TAPE  Tape bottom only

Tape needs to be:  2" (48mm)  3" (72mm)  other \_\_\_\_\_

What is the product or products being placed in the carton? \_\_\_\_\_

For fully automatic applications it is the responsibility of the end user to inform their corrugator that the cartons need to be well scored, with proper glue joints, and 3/8" or larger slots.

Applications for CSX type fully automatic random sealers require minor flaps to be slightly tucked inside major flaps before closing.

Carton sealer needs to be:  Operator Fed (Semi-Automatic)  Adjustable(Uniform)  
 Operator Free (Fully Automatic)  Random

Production Rate:      Cartons per minute \_\_\_\_\_      Cartons per Shift \_\_\_\_\_  
                                     Cartons per Hour \_\_\_\_\_      Cartons per Day \_\_\_\_\_

Conveyor Height: \_\_\_\_\_  Infeed Conveyor Powered  Exit Conveyor Powered

Flow Direction Standing In Front of Electrical Box: Right To Left (Standard) \_\_\_\_\_ Left To Right \_\_\_\_\_

Electrical Requirement: \_\_\_\_\_ Volt    \_\_\_\_\_ Phase    \_\_\_\_\_ Air Available    \_\_\_\_\_ Psi

Packing Room Temperature: \_\_\_\_\_ Packing Room Conditions:  Normal  Wet  Dusty  Corrosive

Model Recommended: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Survey Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form to: BestPack Packaging Systems, 1425 S. Campus Avenue, Ontario, CA 91761

Website: <http://www.bestpack.com> • Email: [sales@bestpack.com](mailto:sales@bestpack.com) • Phone: 888-588-2378, 909-987-4258 • Fax: 909-987-5189

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