

## STANDARD CARTON SEALER APPLICATION FORM

M, A, & R-series

### END USER INFORMATION

### DISTRIBUTOR INFORMATION

Company Name

Address

City State Zip Code

Contact Name & Title

Telephone No.

E-Mail

Company Name

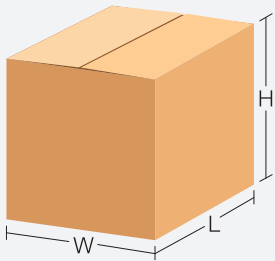
Address

City State Zip Code

Contact Name & Title

Telephone No.

E-Mail



LENGTH	WIDTH	HEIGHT	WEIGHT	% OF PRODUCTION

**CARTON STATUS**

Filled

Underfilled

Overfilled

Re-Used

**SAMPLE CARTONS SENT**

Yes  No

## CARTON INFORMATION

<p><b>CARTONS</b></p> <p><input type="checkbox"/> RSC</p> <p><input type="checkbox"/> HSC</p> <p><input type="checkbox"/> FOL</p> <p><input type="checkbox"/> Other</p>	<p><b>CARTON TO BE TAPED:</b></p> <p><input type="checkbox"/> Top &amp; Bottom</p> <p><input type="checkbox"/> Top Only</p> <p><input type="checkbox"/> Bottom Only</p> <p><input type="checkbox"/> Side Seal</p> <p><input type="checkbox"/> Edge Seal</p> <p><input type="checkbox"/> Bypass Needed</p>	<p><b>TAPE:</b></p> <p><input type="checkbox"/> 2" (48mm)</p> <p><input type="checkbox"/> 3" (72mm)</p> <p><input type="checkbox"/> 4" (96mm)</p> <p><input type="checkbox"/> 6" (144mm)</p>	<p>Conveyor Height: <input style="width: 100%;" type="text"/></p> <p>Packing Room Temperature: <input style="width: 100%;" type="text"/></p> <p><b>PACKING ROOM CONDITIONS:</b></p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Wet <input type="checkbox"/> Dusty <input type="checkbox"/> Corrosive</p>
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<p><b>ARE YOU RUNNING:</b></p> <p><input type="checkbox"/> In Batches <input type="checkbox"/> Random</p>	<p><b>SHOULD THE MACHINE CLOSE:</b></p> <p><input type="checkbox"/> Top Flaps <input type="checkbox"/> Bottom Flaps</p>	<p><b>WILL THERE BE AN OPERATOR TO FEED THE MACHINE?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p style="text-align: center;"><b>POWER REQUIREMENTS</b></p> <p><b>FLOW DIRECTION STANDING IN FRONT OF ELECTRICAL BOX:</b></p> <p><input type="checkbox"/> Right to Left (Standard)</p> <p><input type="checkbox"/> Left to Right</p> <p><b>ELECTRICAL REQUIREMENTS</b></p> <p>Volts <input style="width: 50px;" type="text"/></p> <p>Phase <input style="width: 50px;" type="text"/></p>	<p style="text-align: center;"><b>AIR REQUIREMENTS</b></p> <p><b>IS THERE AN AIR DRYER?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>PSI: <input style="width: 50px;" type="text"/></p> <p>SCFM: <input style="width: 50px;" type="text"/></p>	<p style="text-align: center;"><b>CARTONS PER</b></p> <p>Minute: <input style="width: 50px;" type="text"/></p> <p>Hour: <input style="width: 50px;" type="text"/></p> <p>Shift: <input style="width: 50px;" type="text"/></p> <p>Day: <input style="width: 50px;" type="text"/></p>
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<p>Comments/Recommended Machine  <input style="width: 100%; height: 20px;" type="text"/></p>	<p>Completed By <input style="width: 70%; height: 20px;" type="text"/> Date <input style="width: 20%; height: 20px;" type="text"/></p>
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