

STANDARD CARTON SEALER APPLICATION FORM

M, A, & R-series

END USER INFORMATION

Company Name

Address

City State Zip Code

Contact Name & Title

Telephone No.

E-Mail

DISTRIBUTOR INFORMATION

Company Name

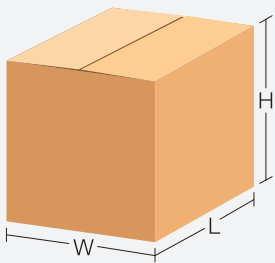
Address

City State Zip Code

Contact Name & Title

Telephone No.

E-Mail



| LENGTH | WIDTH | HEIGHT | WEIGHT | % OF PRODUCTION |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CARTON STATUS

Filled

Underfilled

Overfilled

Re-Used

SAMPLE CARTONS SENT

Yes No

CARTON INFORMATION

| | | | |
|---|---|--|---|
| <p>CARTONS</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>CARTON TO BE TAPED:</p> <p><input type="checkbox"/> Top & 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>TAPE:</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 type="text"/></p> <p>Packing Room Temperature: <input type="text"/></p> <p>PACKING ROOM CONDITIONS:</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Wet <input type="checkbox"/> Dusty <input type="checkbox"/> Corrosive</p> |
|---|---|--|---|

| | | |
|---|---|--|
| <p>ARE YOU RUNNING:</p> <p><input type="checkbox"/> In Batches <input type="checkbox"/> Random</p> | <p>SHOULD THE MACHINE CLOSE:</p> <p><input type="checkbox"/> Top Flaps <input type="checkbox"/> Bottom Flaps</p> | <p>WILL THERE BE AN OPERATOR TO FEED THE MACHINE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|--|

| | | |
|---|--|---|
| <p>POWER REQUIREMENTS</p> <p>FLOW DIRECTION STANDING IN FRONT OF ELECTRICAL BOX:</p> <p><input type="checkbox"/> Right to Left (Standard)</p> <p><input type="checkbox"/> Left to Right</p> <p>ELECTRICAL REQUIREMENTS</p> <p>Volts <input type="text"/></p> <p>Phase <input type="text"/></p> | <p>AIR REQUIREMENTS</p> <p>IS THERE AN AIR DRYER?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PSI: <input type="text"/></p> <p>SCFM: <input type="text"/></p> | <p>CARTONS PER</p> <p>Minute: <input type="text"/></p> <p>Hour: <input type="text"/></p> <p>Shift: <input type="text"/></p> <p>Day: <input type="text"/></p> |
|---|--|---|

Comments/Recommended Machine

Completed By Date