



BOX TEST Request Form

DATE:

DEAL ID:

DISTRIBUTOR:

CONTACT NAME:

PHONE:

EMAIL:

ADDRESS:

END USER:

CONTACT NAME:

PHONE:

EMAIL:

ADDRESS:

BOX SIZES YOU WANT TO TEST

	L		W		H
1.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
2.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
3.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
4.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
5.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>
6.)	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>

CARTON SEALER INFORMATION

WHAT MACHINE DID YOU WANT TO TEST? (IF KNOWN)

CHOOSE ONE OF THE FOLLOWING:

SEMI-AUTOMATIC

FULLY-AUTOMATIC

DO YOU NEED A VIDEO OF THE TEST?

YES

NO

ADDITIONAL NOTES:

PLEASE SEND BOX SAMPLE TO: 1425 S. CAMPUS AVE., ONTARIO CA 91761