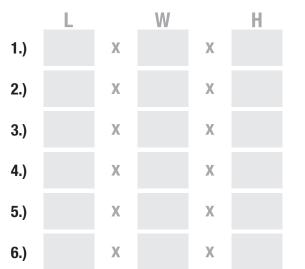


BOX TEST Request Form

PHONE:

DATE:	DEAL ID:
END USER:	
CONTACT NAME:	PHONE:
EMAIL:	
ADDRESS:	

BOX SIZES YOU WANT TO TEST



ADDITIONAL NOTES:

DISTRIBUTOR:

CONTACT NAME:

EMAIL:

ADDRESS:

CARTON SEALER INFORMATION

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

CHOOSE	ONE OF THE F	OLLOWING:
SEMI-AU	TOMATIC	FULLY-AUTOMATIC
DO YOU I	NEED A VIDEO	OF THE TEST?
YES	NO	

PLEASE SEND BOX SAMPLES TO:

1425 S. CAMPUS AVE., ONTARIO CA 91761

ALONG WITH THE BESTPACK REPRESENTATIVE YOU'RE WORKING WITH.