



# 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="text"/>	X	<input type="text"/>	X	<input type="text"/>
2.)	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>
3.)	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>
4.)	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>
5.)	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>
6.)	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>

## 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 SAMPLES TO:**

1425 S. CAMPUS AVE., ONTARIO CA 91761

ALONG WITH THE BESTPACK REPRESENTATIVE YOU'RE WORKING WITH.