BESTPACK
BPX|SOLUTIONS

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.)		x		x	
2.)		x		x	
3.)		x		x	
4.)		x		x	
5.)		x		x	
6.)		x		x	

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:

NOTE: BOX SAMPLES WILL BE STORED FOR THE FOLLOWING PERIODS BEFORE BEING DISCARDED:

- SEMI-AUTOMATIC EQUIPMENT SAMPLES: 3 MONTHS
- FULLY AUTOMATIC EQUIPMENT SAMPLES: 6 MONTHS

PLEASE SEND BOX SAMPLES TO:

1425 S. CAMPUS AVE., ONTARIO CA 91761

ALONG WITH THE BESTPACK REPRESENTATIVE YOU'RE WORKING WITH.