

Semi-Automatic Shrink Machine Application Survey Form

End User			Dealer		
Company Name			_ Company Name		
Address City		ZIP_	Address	State	ZIP
Contact Name			Contact Name		_
Title			Title		
Telephone No.			Telephone No.		
Fax			Fax		
E-mail			E-mail		

- 1. What is the minimum package dimension (L x W x H):
- 2. What is the maximum package dimension (L x W x H):
- 3. What is the weight of the largest package:
- 4. What type of package is it?
- 5. Circle which direction is the package traveling?[Short direction leading (A) or Long edge leading (B)]



- 6. What speed does the customer want to run the machine at? Desired package speed for smallest item: Desired package speed for largest item:
- 7. Will the machine be loaded by hand or from a production line conveyor?
- 8. If from a production line, what is the line speed?
- 9. Will customer want the Magnetic Arm Hold Down?



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10. Will customer want a Power Discharge Conveyor to transfer pro	oduct from L-Sealer directly	into shrink tunnel?
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- 11. Is the customer planning to move this system around to different locations in his/her plant?
- 12. Would the customer benefit from the L-Sealer and shrink tunnel being on one common frame with one power cord?
- 13. What type of film will be used?
 - a. Polyolefin shrink film
 - b. Polyethylene shrink film
 - c. Polyethylene bagging film
- 14. What gauge of shrink film will be used?
- 15. Does customer want a full enclosure or Bulls Eye wrap?

16.

- a. Is the customer looking for a dust cover?
- b. A nice looking retail package
- c. Industrial type package
- 17. What is the line height?
- 18. Product flow (right to left standard) or (left o right custom)?
- 19. What voltage does your customer require 110V or 220V?
- 20. What time frame do you have for getting a machine in place?
- 21. Do you have a budget for this project?
- 22. What stage of the sales cycle is this project in?
 - a. Selecting a vendor
- b. Requesting a quote
- c. Submitting for final approval d. Funds already approved