



REQUEST FOR QUOTE

TEXWRAP REP: _____



INFEED
WRAPPER
TUNNEL
BUNDLER

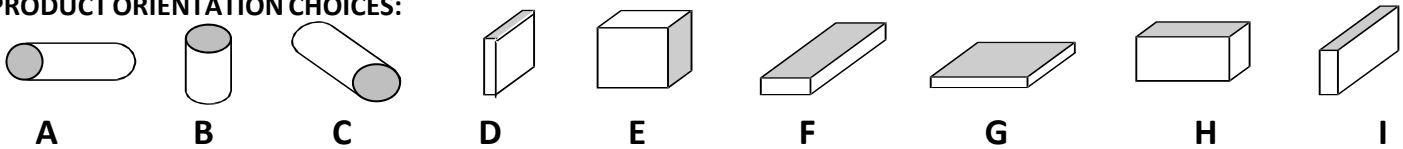
DATE RFQ SUBMITTED QUOTE DUE DATE

PLEASE ATTACH SPEC PACKAGES OR PICTURES OF PRODUCT(S) TO BE WRAPPED WHEN SUBMITTING THIS RFQ

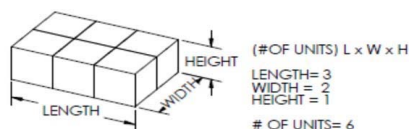
CUSTOMER NAME		DISTRIBUTOR NAME	
CUSTOMER CONTACT		DISTRIBUTOR CONTACT	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	
EMAIL ADDRESS		EMAIL ADDRESS	

DETAILS OF PRODUCT TO BE WRAPPED/BUNDLED (frozen/fresh/ bottles/ cans/etc):

PRODUCT ORIENTATION CHOICES:



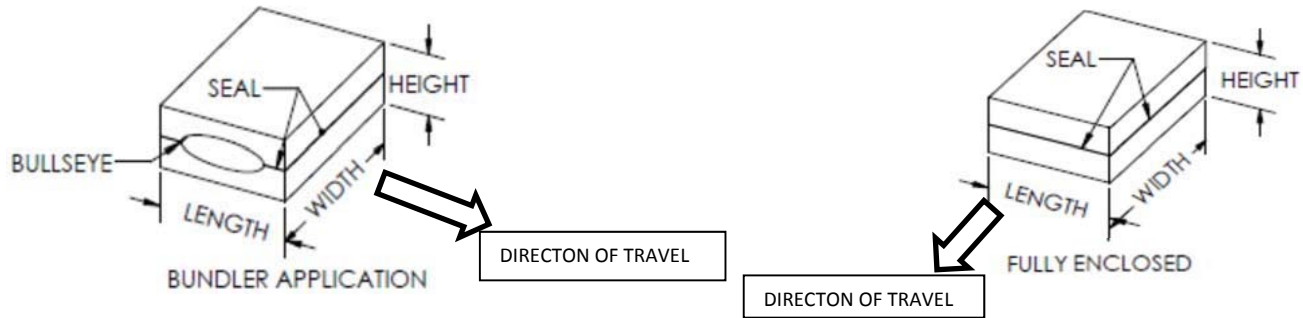
PRODUCT DIMENSION	PRODUCT #1	PRODUCT #2	PRODUCT #3	PRODUCT #4	PRODUCT #5	PRODUCT #6	PRODUCT #7	PRODUCT #8	PRODUCT #9
PRODUCT ORIENTATION (see above)									
INDIVIDUAL LENGTH/DIAMETER									
INDIVIDUAL WIDTH/DIAMETER									
INDIVIDUAL HEIGHT									
INDIVIDUAL WEIGHT									
INDIVIDUAL PRODUCTS PER MINUTE									
BUNDLE/MULTI-PACK LENGTH									
BUNDLE/MULTI-PACK WIDTH									
BUNDLE/MULTI-PACK HEIGHT									
BUNDLE/MULTI-PACKS WEIGHT									
BUNDLE/MULTI-PACKS PER MINUTE									
PACK PATTERN (see below example)									
IS THERE A BAR CODE TO READ?									
LIST ANY TRANSFER CONCERNS:									



PACK PATTERN IS: 3 X 2 X 1



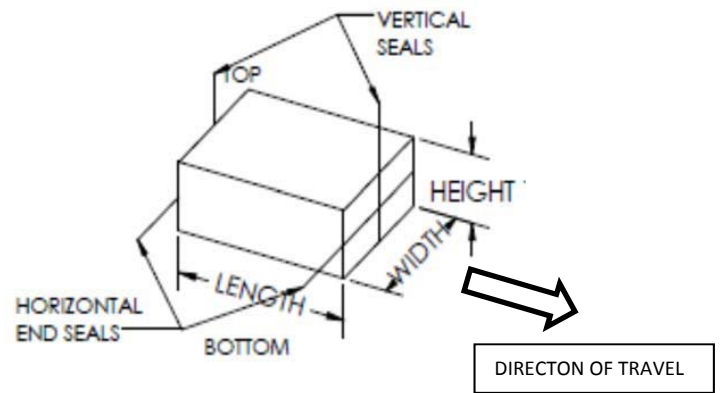
DOES THE WRAPPED PACKAGE/BUNDLE REQUIRE FULLY ENCLOSED OR BULLS-EYE/BUNDLER ENCLOSURE?



SELECT YOUR TYPE OF END SEAL:

HORIZONTAL SEAL

VERTICAL SEAL



SELECT YOUR TYPE OF LONGITUDE SEAL:

L-BAR SEALERS:

L-BAR SEAL

HORIZONTAL SIDE SEALERS:

SIDE SEAL
BAND TRIM

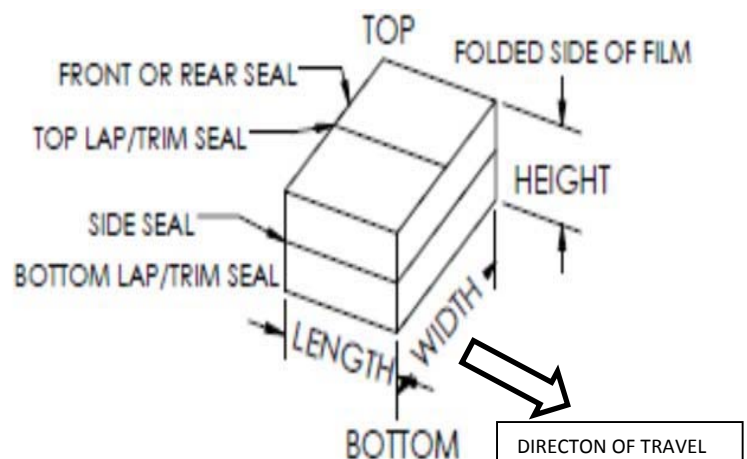
VERTICAL SEALERS:

TOP TRIM
BOTTOM TRIM

HORIZONTAL LAP SEALERS:

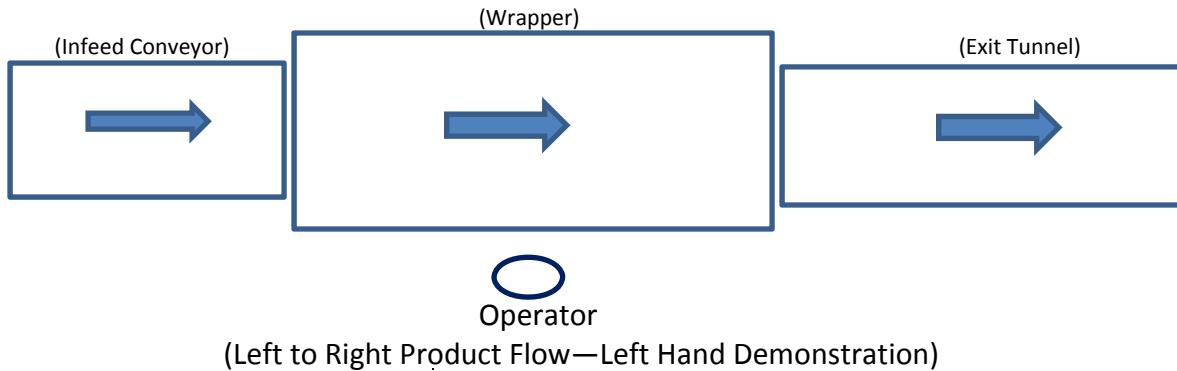
TOP LAP
BOTTOM LAP
STATIC LAP
THERMAL LAP
STATIC/THERMAL LAP

OTHER:





*SHOW OPERATOR & PRODUCT FLOW



*IS THE MACHINE TO BE LEFT OR RIGHT HANDED?

Left Right

*Right or Left-handed machine is determined by the normal operator's position in relation to the infeed conveyor. When the operator is facing the wrapper and the product is coming from the left, the machine is left handed.

HOW WILL THE PRODUCTS BE INTRODUCED TO THE WRAPPER?

HAND FED	WORKERS PLACING PRODUCT BY HAND ONTO WRAPPER
RANDOM	NO SPECIFIC SPACING
CHOKE SPACED	PRODUCT IS FED END-TO-END WITH NO SEPERATION BETWEEN UNITS
SLUG	PRODUCTS ARRIVE IN GROUPS
PITCH	A CONSISTANT SET SPACING BETWEEN EACH PRODUCT WITH NO VARIATION
OTHER	

*IS THERE, OR WILL THERE BE A CUSTOMER SPECIFICATION PACKET? YES NO

*DOES THE APPLICATION REQUIRE PRODUCT GUIDES? YES NO

*WILL THIS SYSTEM BE MOVED REGULARLY OR IN A FIXED POSITION? MOBILE FIXED

*ARE THERE SPECIAL LINE ELEVATION REQUIREMENTS? IF SO, PLEASE LIST HEIGHT IN INCHES:

PLEASE DESCRIBE ANY OPTIONS OR DETAILS NOT COVERED BY THE SELECTIONS LISTED ABOVE:

EQUIPMENT SPECIFICATIONS:

MACHINE CONSTRUCTION:

CORROSION RESISTANT

MILD STEEL W/POWDERCOAT FINISH

IS THERE A SANITIZATION REQUIREMENT? YES NO WILL THE MACHINE BE SWABBED? YES NO



ELECTRICAL:

CLASS 1 / STANDARD

NEMA 12

NEMA 4X

WRAPPER VOLTAGE		PHASE		HERTZ	
TUNNEL VOLTAGE		PHASE		HERTZ	

ELECTRICAL CERTIFICATION REQUIREMENTS:

NONE UL CUL OTHER:

PLANT AIR SUPPLY:

PSI		CFM	
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PLANT TEMPERATURE RANGE (FARENHEIT):

	TO	
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FACTORY ENVIRONMENT:

PRODUCTION CONDITIONS: WET DRY SHIFTS/DAY: 1 2 3

ARE THERE SPACE CONSTRAINTS? YES NO IF YES, PLEASE LIST MEASUREMENTS:

PLEASE LIST ANY DETAILS NOT COVERED BY EQUIPMENT SPECIFICATIONS:

FILM INFORMATION:

FILM TYPE:	POLYOLEFIN	POLYETHYLENE	PVC	OTHER
FILM MANUFACTURER:				
BRAND AND GAUGE:				
FOLDED OR FLAT:	FOLDED	FLAT	BOTH/EITHER	
PRINTED OR CLEAR:	PRINTED	OPAQUE	CLEAR	
PRINT REGISTRATION:	YES	NO	RANDOM PRINT	
HOLE PUNCH REQUIRED:	YES	NO		
RETAIL PACKAGE	YES	NO		



ORDER TIMING & COMPETITIVE INFORMATION:

BUDGETARY QUOTE

FORMAL QUOTE (PROJECT IS BUDGETED)

PURCHASE POTENTIAL: < 60 DAYS

90-180 DAYS

> 180 DAYS

THE PROJECT FUNDED?

YES

NO

Texwrap technician required for startup/training

COMPETITIVE MANUFACTURER:

COMPETITIVE MODEL:

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CURRENT TEXWRAP CUSTOMER?

YES

NO

Attach additional comments or pics below

INTERNAL TEXWRAP USE ONLY OP#
