

Date:_	<u> </u>	QUOTE RE	EQUES'	T FORM		
Custom Address City/Sta				٠.	Phone:	
		PRODUC	CTS TO	) BE PAC	KED:	
Product #1:					Packages per week:	
Product #1: Width:				Depth:	Packages per wee Weight	:
Product #2: Width:						
Product						
	t #3: Length:	Width:		Depth:	Weigh	t:
Product	t#4:					
			<u>OPTI</u>	ONS:		
1)	Photo-electric registration	Top:	Yes_	No_		
2)	Code dating quick dry inl		Yes_	No		
3)	Type to be used (sell by)	etc.:				
4)	Gas flush; Pin or Nozzle		Yes_		Nozzle	_ Pin
5)	Header for hole punch:		Yes_			**
6)	Hole punch:		Quanti	ty:		
7)	Flying crosscut: Guillotine crosscut:		Yes_	No	Quantity:	
8) 9)	Easy open zig zag knife s	uatom.	Yes	No	Quantity:	
,	Easy open peel corner or		Ves_	No No		II
	Standard rotary knife cassette:		Yes Yes	No	Corner	_ Header
	The state of the s		Yes Yes	No	<del></del> :	
			Yes	No No	_	
			Yes	No No	<del></del>	
			Yes	No No		
			Yes	No		
17)	Wet product filter system:		Yes	No_		
-	8) Stainless Steel Side frames:			No		
19)	Perimeter Seal Bar:		Yes	No_		

\*(If you have product or existing packages that the customer likes, please send in.)

SPECIAL REQUESTS / ADDITIONAL INFORMATION / QUESTIONS: