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Phone: 813 242 6995

## Carton Strapper Application Survey

### Customer Information

Name  Title

Company  Phone:

Address  Fax:

City  State  Zip  Email

### Box Information

1    2  
 3    4  
 5    6

Select all that apply

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Minimum Box Size   Length    Width    Height    Weight

Maximum Box Size   Length    Width    Height    Weight

How many boxes are processed? (8 Hour Shift)    How many straps per box?

Describe Product In Boxes

Do you want to cross strap the boxes?    Yes    No

## Environment

<b>Temperature above 100 degrees?</b>	<input type="radio"/> Yes* <input type="radio"/> No	<b>Electrical Requirements</b>	
<b>Temperature below 40 degrees?</b>	<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/>	120V/1/60
<b>Moisture?</b>	<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/>	230V/3/60
<b>Corrosive?</b>	<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/>	240V/1/60
<b>Wash down area?</b>	<input type="radio"/> Yes* <input type="radio"/> No		
<b>Describe site conditions (temperature, moisture etc.)</b>	<div style="border: 1px dotted black; height: 40px;"></div>		

## General Information

<b>Comments</b>	<div style="border: 1px solid black; height: 30px;"></div>		
<b>Signature</b>	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>	<b>Date</b>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

**INSTRUCTIONS:** Please provide the necessary information into the fields provided and click on the print form button.

Please provide dimensional information in the increment requested, i.e. inches, feet etc.

**Fax** the completed survey to **813 242 6985**.

If you have any questions regarding this survey, please contact the Quick Pak office at 813 242 6995.

**IMPORTANT:** The information you place into the fields **WILL NOT** be saved with this document, so make sure you print a copy of the completed survey for your records.