



EQUIPMENT

REQUEST FOR QUOTE

Quick Pak Inc 1100 North 28th Street, Tampa FL 33605

AUTHORIZED DISTRIBUTOR INFORMATION

Distributor: _____
 Contact Person: _____
 Address: _____

 Phone: _____
 Fax: _____
 E-mail: _____

END USER INFORMATION

Company: _____
 Contact Person: _____
 Address: _____

 Phone: _____
 Fax: _____
 E-mail: _____

Address Quote To:

End User
 Distributor

Send Quote By:

E-mail
 Fax
 Regular Mail

Type of Quote Required:

Budgetary
 Firm

Date Submitted: _____

Date Needed: _____

Describe existing strapping equipment (if any): _____

PRODUCT INFORMATION

Describe product to be strapped: _____

Product Dimensions: (including pallet)	Height	Width (90 degrees to flow)	Length (parallel to flow)	Weight
Minimum				
Maximum				
Other				

PALLET INFORMATION

Is the product on a pallet? Yes No

If yes, what is bottom board orientation relative to the conveyor?

Perpendicular 

Parallel 

Bottom board width? _____



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Specify Pallet Type:

Two-way



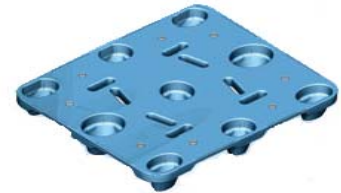
Single wing (shown)
 Double wing



Four-way (GMA)



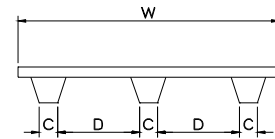
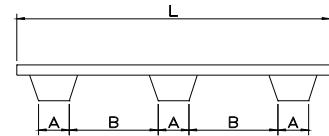
Postal



Plastic 4 -way
 Solid Deck & Base



Dimensions	
L =	
A =	
B =	
W =	
C =	
D =	



Other (please sketch)

If strapping though pallet void, specify void opening height:



CONVEYOR INFORMATION

Is existing conveyor equipment being used?

Yes No Powered Non-powered (gravity)

If yes, specify type: _____

Is conveyor equipment being supplied by Polychem?

Yes No Powered Non-powered (gravity)

If yes, specify type: _____

Conveyor Dimensions: Height (Top of Rollers): _____ Roller Diameter: _____
 Useable width: _____ Roller Spacing: _____
 Overall Width: _____ Other: _____



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INSTALLATION INFORMATION

Ceiling Height: _____

Product Temperature: Ambient _____

Access Door Opening: _____

Operating Temperature: Ambient _____

Electric Power Available: 440 Volt - 3 Phase Specify any limitations to standard installation: _____
 220 Volt - 3 Phase _____
 110 Volt - Single Phase _____

STRAPPING INFORMATION

Strap Type: Polyester Strap Width: _____
 Polypropylene Strap Thickness: _____
Break Strength: _____

Strap Pattern: 1 X 0 1 X 1 Other (please specify) _____ X _____ X _____
 2 X 0 2 X 2

If strap placement is critical, specify strap location on load/pallet: _____

Production Throughput:

Average Loads per Hour: _____

Production Hours per Day: _____

Peak Load per Hour: _____

Production Days per Week: _____

Options:

- | | |
|---|---|
| <input type="checkbox"/> Semi-automatic (Strapping cycle initiated by operator) | <input type="checkbox"/> Compression Force = _____ |
| <input type="checkbox"/> Automatic (Strapping cycle initiated automatically) | <input type="checkbox"/> Top corner protector |
| <input type="checkbox"/> Fixed bottom track (For strapping around entire package) | <input type="checkbox"/> Bottom corner protector |
| <input type="checkbox"/> Pallet void feeder (For strapping through pallet void) | <input type="checkbox"/> Top dunnage/bunk |
| <input type="checkbox"/> Over/Under (For strapping both around package and through pallet void) | <input type="checkbox"/> Bottom dunnage/bunk |
| <input type="checkbox"/> Fixed head (Requires product to be positioned next to strapping head) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Indexing head (Head indexes out to meet package. Positioning not a critical) | _____ |