

PACKMACH II

QUOTE REQUEST FORM

179-181 Watson Avenue
West Orange, N. J. 07052
Phone: 973-325-2418
Fax: 973-325-6937 or e-mail to Packmach@aol.com

QUOTE # _____

Company Name: _____ Date: _____
Contact Name: _____ Salesperson: _____
Phone: _____ Fax: _____ E-mail: _____
Street: _____
City: _____ State: _____ Zip: _____ Country: USA

Type of machine: (Check one)]

- Horizontal Vertical Slant Rotary Constant motion Intermittent motion Glue Tuck
 Right hand load Left hand load Automatic load Embossing or Coding if required

Voltage: _____ Speed: _____

Carton Size Required To Run: _____

(Circle One) 5th Panel Y N Header Y N

(Check One) Z Fold Standard

Length (with 5th Panel): _____ Width: _____ Depth (with Header): _____

Any Special Notes:

Speeds: Minimum _____ Maximum _____

Hand Load: # Of Station's Required _____

Carton Style

- End Load Side Load Top Load
 Full Flaps Half Flaps Other

Additional Information:

Please print and fax back to 1-974-325-6937 or e-mail to Packmach@aol.com