

# Packaging Machinery & Equipment Company

# 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:

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Please print and fax back to 1-973-325-6937 or e-mail to Packmach@aol.com