



# SHRINK TECH SYSTEMS

## APPLICATION PROFILE

" Request For Quote"

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Product Size:**

Length

Width

Height

Min: \_\_\_\_\_ Min: \_\_\_\_\_ Min: \_\_\_\_\_  
Max: \_\_\_\_\_ Max: \_\_\_\_\_ Max: \_\_\_\_\_

**Product Weight:**

Min: \_\_\_\_\_

Max: \_\_\_\_\_

**Product Description:** \_\_\_\_\_

**Comments:** (Anything Unusual) \_\_\_\_\_

Rigid or Flexible, Weight, \_\_\_\_\_  
Condition(Greasy, Dusty, ect) \_\_\_\_\_  
Density, Color \_\_\_\_\_

**Product Appearance:**

Retail Pkg. \_\_\_\_\_

nonRetail \_\_\_\_\_

Doesn't Matter \_\_\_\_\_

Seal Location:

Side: \_\_\_\_\_

Bottom: \_\_\_\_\_

**Benchmark Samples To Be Sent:**

YES  NO

**Return Samples:**

YES  NO

**Product Speed:**

Pgks per min. \_\_\_\_\_

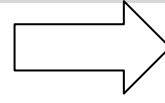
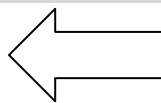
**How Product will Feed into Wrapper and What Speed:**

(Examples) Fed By Hand or Automatic / Speed -Feet or Products per min. / Gap or No Gap / Height of Existing Conveyors

**Direction of Product Flow ( Please Check One )**

Right To Left

Left To Right



**Product Orientation ( Please Check Box )**

A

B

C

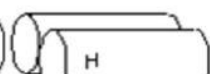
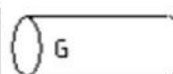
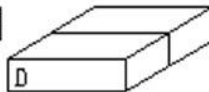
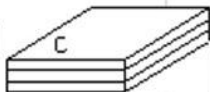
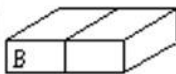
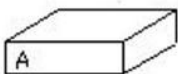
D

E

F

G

H



**Do Products Require A Shrink Tunnel**

YES

NO

**Film Specifications:**

Check One

POF FILM

PE FILM

Manufacture/Model# \_\_\_\_\_

Gauge: \_\_\_\_\_

Please Submit To : Fax 314.995.7006 Email: daryl@shrinktechsystems.com



# SHRINK TECH SYSTEMS

## APPLICATION PROFILE

" Request For Quote "

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Optional Infeed Conveyor Needed:**

Belted

Flighted Lug

Custom \_\_\_\_\_

Flighted bar

Length \_\_\_\_\_

**Please Describe Environment:**

*Example: Dusty, Wet, Cold, Extreme Heat, Average Temp*

**Incoming Plant Voltage:**

120V

208V

1PH

3 PH

480V 3PH

**At Machine Location**

Check

230V

1PH

3 PH

OTHER \_\_\_\_\_

**ADDITIONAL COMMENTS:**

**Customer Name:**

\_\_\_\_\_

**City:**

\_\_\_\_\_

**State:**

\_\_\_\_\_

**Distributor Name:**

\_\_\_\_\_

**City:**

\_\_\_\_\_

**State:**

\_\_\_\_\_

**Contact Name:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**E-Mail:**

\_\_\_\_\_

When Completed, select "File Save As" and save to Desktop with Your Project Name and Date

Please Submit To : Fax 314.995.7006 Email: daryl@shrinktechsystems.com