

Request for Quote Order In House Demo/Stock Equipment*

General Information

Please Return-Fax to (65) 6863-1368

| | |
|---|--|
| Date: | Form Completed By: |
| Distributor Information (*=Required Information) | Customer Information (*=Required Information) |
| * Contact Name: | * Contact Name: |
| * Company: | * Company: |
| * Address: | * Address: |
| * City/State/Zip: | * City/State/Zip: |
| * Phone: | * Phone: |
| Fax: | Fax: |
| Email: | Email: |

Lantech Equipment


| | |
|-----------------------|---|
| Lantech Model: | Wrapper: <input type="checkbox"/> SW-1000 <input type="checkbox"/> SW-2000 <input type="checkbox"/> SW-3000 |
| Options Recommended: | <input type="checkbox"/> Casters <input type="checkbox"/> Spare parts kit <input type="checkbox"/> Print registration <input type="checkbox"/> Centerfolder <input type="checkbox"/> Other: _____ |

| | |
|-----------------------|---|
| Lantech Model: | Tunnel: <input type="checkbox"/> ST-700 <input type="checkbox"/> ST-900 |
| Options Recommended: | <input type="checkbox"/> Casters <input type="checkbox"/> Spare parts kit <input type="checkbox"/> Second view window <input type="checkbox"/> Composite belt <input type="checkbox"/> Other: _____ |

Product Load

1) Package type: Side seal Multipack

**Demo/Stock shrink equipment is purchased to run various styles of film and packages according to the general specifications contained in the literature and without Lantech qualifying any specific application. At the time of resale the distributor may submit to Lantech an ADF for qualification of the application, otherwise the distributor assumes full responsibility for the application.*

| | | Item 1 | Item 2 | Item 3 | Item 4 |
|--|---------------------------------|---------------|---------------|---------------|---------------|
| 2) Product description/ID: | | | | | |
| 3) Actual line speed (per minute): | | | | | |
| 4) Product sizes (inches/lbs): | Length: | | | | |
| | Width: | | | | |
| | Height: | | | | |
| | Diameter: | | | | |
| | Weight: | | | | |
| 5) Product orientation (Use appropriate letter from below): | | | | | |
|  <p>A B C D E F G H I Direction of travel →</p> | | | | | |
| 6) Product stability (Low, Med, High): | | | | | |
| 7) End use environment (Retail=R, Industrial=I): | | | | | |
| 8) Film information: | Manufacturer: | | | | |
| | Type(s)/Gauge(s) (PO/PVC/LDPE): | | | | |
| | Width(s) (indicate CF or SW): | | | | |
| | Other: | | | | |
| NOTE: This section is only required if package type is Multipack. | | | | | |
| | | <i>Item 1</i> | <i>Item 2</i> | <i>Item 3</i> | <i>Item 4</i> |
| 9) Number of rows across conveyor: | | | | | |
| 10) Number per row (machine direction): | | | | | |
| 11) Number of layers: | | | | | |
| 12) Multipack dimensions (inches): | Length: | | | | |
| | Width: | | | | |
| | Height: | | | | |
| 13) Multipack speed (per minute): | | | | | |
| 14) Samples forwarded (Yes/No): | | | | | |

Other System Requirements

- 26) Controller type: Lantech standard PLC
 Other: _____
- 27) One (1) manual on CD is provided as standard with equipment. Number of additional copies on cd: _____
- 28) If a hardcopy is required in lieu of cd, please check here: One (1) hard copy of manual
Number of additional manuals: _____
- 29) Is test product available if needed? Yes No

Additional Notes/Requirements

Attach detailed explanation and/or drawings to the Application Data Form (ADF).

Current Production Notes

- 30) Number of packages observed: _____
Number of acceptable packages observed: _____
Number of defects observed: _____

- 31) Quality issues:
- | | |
|---|--|
| <input type="checkbox"/> Dog ears | <input type="checkbox"/> Wrinkles |
| <input type="checkbox"/> Fish-eyes | <input type="checkbox"/> Burn-out |
| <input type="checkbox"/> Weak seal | <input type="checkbox"/> Contamination |
| <input type="checkbox"/> Returns | <input type="checkbox"/> Distortion |
| <input type="checkbox"/> Conveyor marks | <input type="checkbox"/> Pack-off damage |

32) Number of packages reworked: _____

Percentage of rework: _____

Number of rework employees: _____

Labor rate: _____

Film cost (per roll): _____

Film length (per roll in feet): _____

Print out and FAX completed form to:
(65) 6863-1368 or email to enquiry@sunstream-industries.com.
Thank you!

