



Date: _____

Case Erector Information Request Form

Type of Quote Requested:

Budget Formal

Model to be Quoted

Model 1600 Model 1800 Model 1600 w/Lidder Model 1800 w/Lidder

Customer Information:

Customer Name _____

Address _____

City-State-Zip _____

Phone _____ Cell Number _____ Fax _____

E-mail _____ Contact Person _____

Case Sizes: (Please ensure that all dimensions are measured on the outside of the case)

Formed Outside Dimensions

A: L _____ W _____ H _____
 B: L _____ W _____ H _____
 C: L _____ W _____ H _____
 D: L _____ W _____ H _____
 E: L _____ W _____ H _____
 F: L _____ W _____ H _____
 G: L _____ W _____ H _____

Estimated usage of each case size

_____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %

Knock Down Dimensions

L _____ W _____
 L _____ W _____
 L _____ W _____
 L _____ W _____
 L _____ W _____
 L _____ W _____
 L _____ W _____

Case Style and Hand of Case: (Check any that apply)

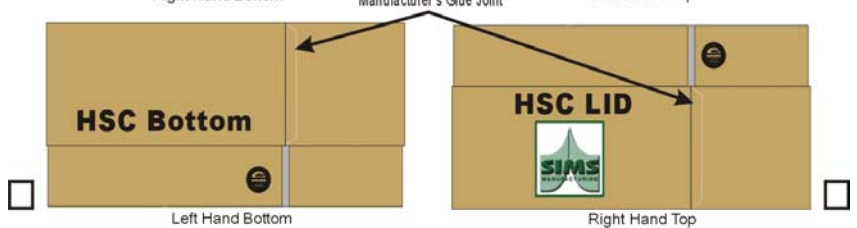
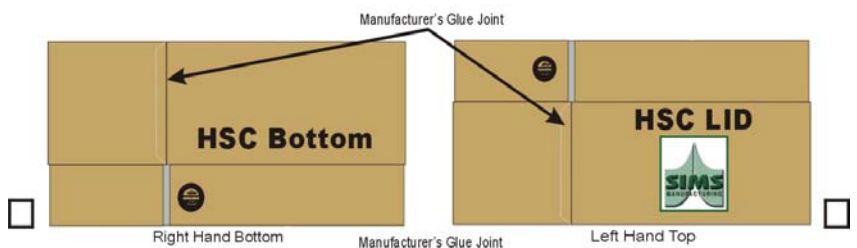
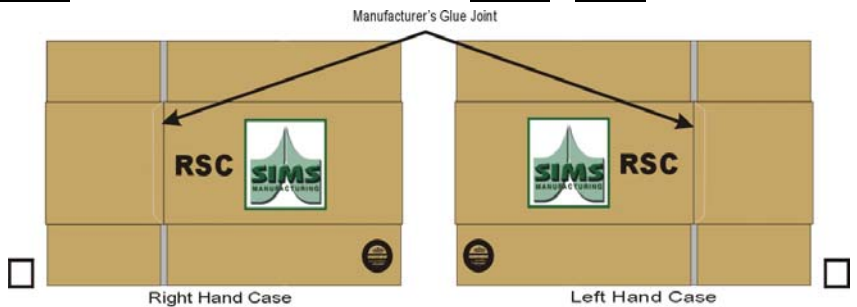
RSC (Regular Slotted Container)



HSC (Half Slotted Container)



FTHS (Full Telescope Half Slotted Container)



Other Flap Styles:

POL (Partial Overlap)



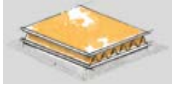
FOL (Full Overlap)



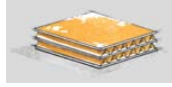
Other _____

Corrugated Questions:

Single Wall



Double Wall



If the case is double wall, is the case also double scored? Yes No

Bursting Test/Edge Crush Test: _____

Do you often re-use the cases? Yes No

Type of Sealing:

Tape: 2" tape 3" tape What is your tape brand preference if any? _____

Glue: Do you have a glue preference Yes No If Yes _____

Plant Operation:

Number of Shifts per day _____ Number of Case Size Changeovers per shift _____

Number of cases produced each day _____

Current Production Speed: (cases per min) _____ Future Production Speeds (cases per min) _____

Plant Environment:

Dusty Dry Moist Washdown Other _____

Machine Specifics:

Voltage Required: _____ Phase Required _____

Conveyor deck height (in inches): _____ Discharge height _____ Powered Non-Powered

Will a Case Turner be required: Yes No

Special Requests:

Specification Package? Yes No Electrical Package? Yes No

Mechanical Package? Yes No Other Package? Yes No

Special Options:

Special Paint Required? Yes No If yes, what type and /or color: _____

PLC machine control requested: Yes No Brand of PLC: _____

Castors Yes No Do you have special guarding requirements? Yes No

Will this replace existing equipment? Yes No If so, what manufacturer? _____

Why? _____

What is being used for top sealing? _____

Purchase Information:

Anticipated Purchase Date: _____ Anticipated Installation Date: _____