Strapper Information Request Form

SIMS & **StraPack** Compression Strapper Units

Date: _____

Type of Quote Requested:

☐ Budget   ☐ Formal

Model to be Quoted

☐ SIMS Tight Pack Compression Unit with StraPack RQ-8Y Strapper
☐ StraPack RQ-8 Top Strapper

Customer Information:

Customer Name _____
Address _____
City-State-Zip _____
Phone _____ Cell Number _____ Fax _____
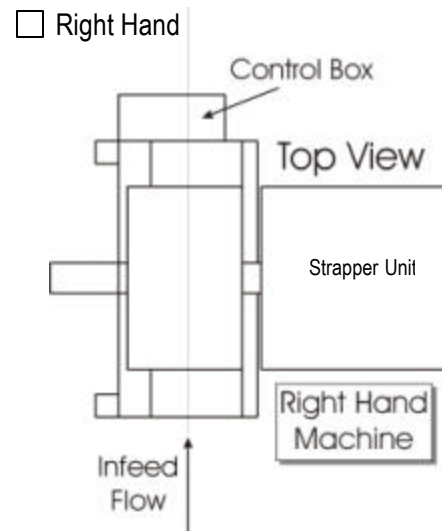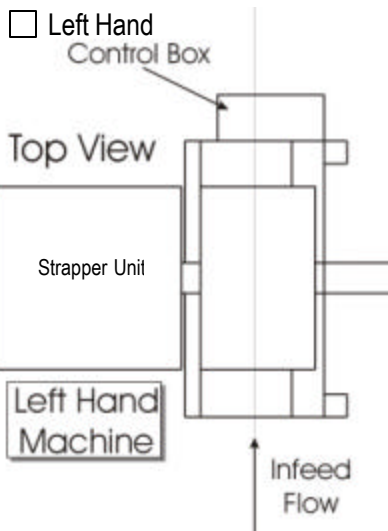E-mail _____ Contact Person _____

Strap Size: (Check any that apply)

☐ 1/4"   ☐ 3/8"   ☐ 1/2"   ☐ Other _____

Case Sizes: (Please verify that dimensions are Outside Dimensions)

Formed Case Dimensions	Estimated usage of each case size	Weight
A: L_____ W_____ H_____	_____ %	_____ lbs.
B: L_____ W_____ H_____	_____ %	_____ lbs.
C: L_____ W_____ H_____	_____ %	_____ lbs.
D: L_____ W_____ H_____	_____ %	_____ lbs.
E: L_____ W_____ H_____	_____ %	_____ lbs.
F: L_____ W_____ H_____	_____ %	_____ lbs.

Hand of Machine:

☐ Left Hand

Control Box

Top View

Strapper Unit

Left Hand Machine

Infeed Flow

☐ Right Hand

Control Box

Top View

Strapper Unit

Right Hand Machine

Infeed Flow

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

☐ RSC (Regular Slotted Container)   ☐ FTHS (Full Telescope Half Slotted Container)   ☐ Other _____

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)_____

Type of Product:

Describe the product;_____
How is the Product Packed? ☐ Rigid ☐ Soft ☐ Underpacked ☐ Overpacked   Over/Under by how much?_____
Do you ship in RPC's (Recyclable Plastic Container's) ☐ Yes ☐ No
                                                                                                                (In inches)
Will a pass through option be necessary ☐ Yes ☐ No

Plant Environment:

☐ Dusty   ☐ Dry   ☐ Moist   ☐ Washdown   ☐ Other_____

Machine Specifics:

Adequate Air Supplied [1 cfm @ 80 psi]   ☐ Yes   ☐ No
Voltage Required:_____Phase Required_____
Conveyor deck height (in inches):_____Discharge height_____ ☐ Powered ☐ Non-Powered

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

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Will this replace existing equipment?

☐ Yes ☐ No   If so, what manufacturer?_____
Why?_____

What is being used for Case Erecting?

_____

What is being used for top sealing?

_____

Purchase Information:

Anticipated Purchase Date:_____Anticipated Installation Date:_____