



EQUIPMENT REQUEST FOR QUOTE

6275 Heisley Road Mentor, Ohio 44060 Phone: 1-800-899-2680 or 440-358-7060 Fax: 440-358-7061

Return completed form by fax to: Polychem Equipment Group at 440-358-7061 or e-mail to mcojocar@polychem.com

AUTHORIZED DISTRIBUTOR INFORMATION

END USER INFORMATION

Distributor: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Company: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Address Quote To:

End User

Distributor

Send Quote By:

E-mail

Fax

Regular Mail

Type of Quote Required:

Budgetary

Firm

Date Submitted: _____

Date Needed: _____

Describe existing strapping equipment (if any): _____

PRODUCT INFORMATION

Describe product to be strapped: _____

Product Dimensions: (including pallet)	Height	Width (90 degrees to flow)	Length (parallel to flow)	Weight
Minimum				
Maximum				
Other				

PALLET INFORMATION

Is the product on a pallet?

Yes

No

If yes, what is bottom board orientation relative to the conveyor?

Perpendicular



Parallel



Bottom board width? _____

EQUIPMENT

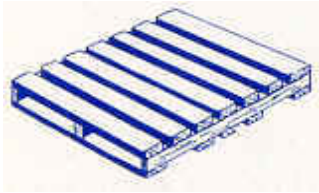
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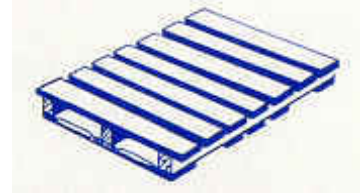
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Specify Pallet Type:

Two-way



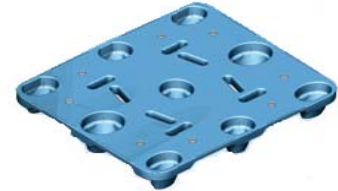
Single wing (shown)
 Double wing



Four-way (GMA)



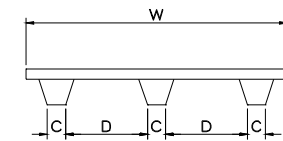
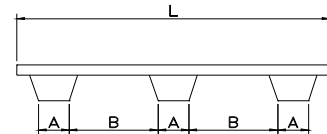
Postal



Plastic 4-way
Solid Deck & Base



Dimensions	
L =	
A =	
B =	
W =	
C =	
D =	



Other (please sketch)

If strapping through pallet void, specify void opening height:



CONVEYOR INFORMATION

Is existing conveyor equipment being used?

Yes No Powered Non-powered (gravity)

If yes, specify type: _____

Is conveyor equipment being supplied by Polychem?

Yes No Powered Non-powered (gravity)

If yes, specify type: _____

Conveyor Dimensions: Height (Top of Rollers): _____ Roller Diameter: _____
Useable width: _____ Roller Spacing: _____
Overall Width: _____ Other: _____



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INSTALLATION INFORMATION

Ceiling Height: _____

Product Temperature: _____

Access Door Opening: _____

Operating Temperature: _____

Electric Power Available: 440 Volt - 3 Phase Specify any limitations to standard installation: _____
 220 Volt - 3 Phase _____
 110 Volt - Single Phase _____

STRAPPING INFORMATION

Strap Type: Polyester Strap Width: _____
 Polypropylene Strap Thickness: _____
Break Strength: _____

Strap Pattern: 1 X 0 1 X 1 Other (please specify) ____ X ____ ____ X ____
 2 X 0 2 X 2

If strap placement is critical, specify strap location on load/pallet: _____

Production Throughput:

Average Loads per Hour: _____

Production Hours per Day: _____

Peak Load per Hour: _____

Production Days per Week: _____

Options:

<input type="checkbox"/> Semi-automatic (Strapping cycle initiated by operator)	<input type="checkbox"/> Compression Force = _____
<input type="checkbox"/> Automatic (Strapping cycle initiated automatically)	<input type="checkbox"/> Top corner protector
<input type="checkbox"/> Fixed bottom track (For strapping around entire package)	<input type="checkbox"/> Bottom corner protector
<input type="checkbox"/> Pallet void feeder (For strapping through pallet void)	<input type="checkbox"/> Top dunnage/bunk
<input type="checkbox"/> Over/Under (For strapping both around package and through pallet void)	<input type="checkbox"/> Bottom dunnage/bunk
<input type="checkbox"/> Fixed head (Requires product to be positioned next to strapping head)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indexing head (Head indexes out to meet package. Positioning not a critical)	_____