



# 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](mailto: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:

Send Quote By:

Type of Quote Required:

Date Submitted: \_\_\_\_\_

End User  
 Distributor

E-mail  
 Fax  
 Regular Mail

Budgetary  
 Firm

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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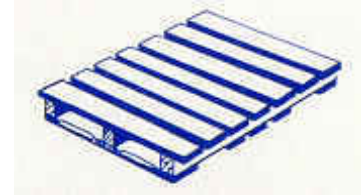
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**Specify Pallet Type:**

Two-way



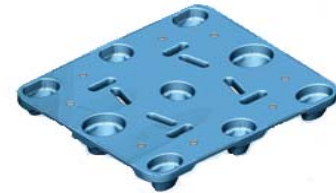
Single wing (shown)  
 Double wing



Four-way (GMA)



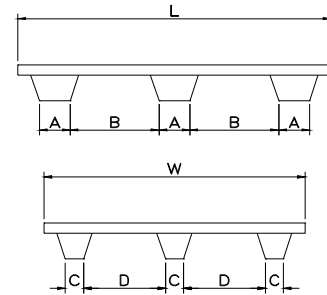
Postal



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 \_\_\_\_  
 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)		_____