

REQUEST FOR QUOTATION BLISTER PACKAGING MACHINES

Please feel free to use this form in a manner that works best for you. It is intended to give you guidelines for the information we will need to properly recommend and quote machines, options and tooling. This form may be printed blank and filled in by hand, filled in on your computer and printed or filled in and the contents automatically e-mailed to Starview by using the submit button at the bottom.

Contact:				Date:		
Company:						
City:	State/ Province		Country:	Zip/ Postal code:		
Phone Number:	Cell:	E-mail:				
PACKAGE INFORMATION	 -	Please kee	ep my e-mail on your contact list	t for updates:	Yes No	
Product	to be Packaged:					
Estimated Total Annual Volume*:			Number of Shifts to be U	Jtilized:		
Largest Package Size*:		Smallest P	Smallest Package Size*:			
Style: Face seal Blister	Mock Clamshell	Style:	Face seal Blister	Mock Clamshell		
Double card trapped Blister	Double Blister, Double card, Trappe	d	Double card trapped Blister	Double Blister, Doub	ole card, Trapped	
Card size: Width:	Blister size: Width:	Card size: Wid		Blister size: Width:		
Length:	Length:	Leng	th:	Length:		
	Depth:			Depth:		
			*Units used:	Imperial	Metric	
Please give us as much detail as y	you have available. Please attach an	y photos, drawings, etc.		ist us in evaluating y	our project.	

Starview Packaging Machinery, Inc.