



REQUEST FOR QUOTATION DIE CUTTING 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 II	NFORMATI	ON		Please kee	ep my e-mail on your o	ontact list for updates:	Yes No	0
Product to be Die Cut:								
Estimated Total Annual Volume*:				Number of Shifts to be Utilized:				
Package Style	e & Size*:		Package Style & Size*:					
Style:	rmoforming	Corrugate		Style:	Thermoforming	Corrugate		
Skir	nboard	Other:			Skinboard	Other:		
Sheet size:		Part Cut size:		Sheet size:		Part Cut size:		
Width:		Width:	Width:		Width:			
Length:		Length:		Leng	th:	Length:		
		Depth:				Depth:		
					*Un	its used: Imperial	Metric	_

Please give us as much detail as you have available. Please attach any photos, drawings, etc. to your email that will assist us in evaluating your project.

Starview Packaging Machinery, Inc.

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