



REQUEST FOR QUOTATION STRETCH PAK 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:		Zi Postal cod	p/ le:		
Phone Number:		Cell:		E-mail:						
PACKAGE IN	NFORMATIO	N	Please kee _l	Please keep my e-mail on your contact list for updates: Yes No						
	Produ	ict to be Packaged:								
Estimated Total Annual Volume*:					Number of Shifts to be Utilized:					
Largest Package Size*:					Smallest Package Size*:					
Style: Single Product More than Double Product			Product	Style:	Style: Single Product More than Do			le Product		
Double Product					Double Product					
Card Size:		Product Size:		Card Size:		Produ	ct Size:			
Width:		Width:		Widt	h:		Width:			
Lenght:		Lenght:		Lengt	h:		Length:			
Depth:							Depth:			
						*Units 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.

SUBMIT

SAVE — PRINT —

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