



REQUEST FOR QUOTE FORM

Distributor/Agent Information

Full Name

Company

Phone Number

Fax Number

Address

Email Address

City

State/Province

Country

Zip/Postal Code

Customer Information

Full Name

Company

Phone Number

Fax Number

Address

Email Address

City

State/Province

Country

Zip/Postal Code

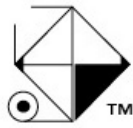
Proposal Handling Information

Mail original proposal to customer

Mail copy to distributor/agent

Email original to customer

Email copy to distributor/agent



Include the Following Information with Proposal

| | Customer | Distributor |
|---------------------------------------|--------------------------|--------------------------|
| Brochure of each machine proposed: | <input type="checkbox"/> | <input type="checkbox"/> |
| CAD drawing of each machine: | <input type="checkbox"/> | |
| CD Video of each machine proposed: | <input type="checkbox"/> | <input type="checkbox"/> |
| Video link for each machine proposed: | <input type="checkbox"/> | <input type="checkbox"/> |

Project Information for Machinery

- 1) Funding Status? Budgetary Funded
- 2) Is funding level defined? Yes Amount No
- Critical delivery date or target installation date: mm/dd/yy

Product

What do you intend to wrap: (please be as specific as possible)

What kind of loads need to be wrapped?

Black Red Shiny

What will the loads be wrapped on?



Load Handling

Method of handling: (Check one or more boxes)

Forklift

Pallet Jack

Powered Pallet Jack

If wrapping with electronic pallet jacks,
how long are the forks?

How long is the electric pallet jack in
total with the machine?

How many loads per hour do you wrap?

Per day?

Do you plan on increasing the amount of loads wrapped per day?

If yes, by how much?

Load Stability

Method of handling: (Check one or more boxes)

Very Unstable

Unstable

Stable

Very Stable

Dimensions

Min. Load Length

Max. Load Weight

Min. Load Height

Average Load Length

Min. Load Weight

Average Load Width

Min. Load Width

Max. Load Length

Average Load Height

Max. Load Height

Max. Load Width



Wrap Information

What is your current wrapping method?

Film manufacturer?

Film type?

Monthly Usage

Film Gauge?

Roll Diameter?

Color of Load

Load
Configuration:

Current
Pre-stretch Level:

Desired
Pre-stretch Level?

Operating Environment

Ceiling Height (Clearance)?

Min. Facility Temp?

Max. Facility Temp?

Potential explosive dust build-up:

Potential explosive fumes:

Potential corrosives (Nema 4X):

Wash down area (Nema 4X):

Important additional features requested:

Any National or Local Specifications required?



Electrical Requirements

Volts

Phase

Hertz

INSTRUCTIONS TO SUBMIT FORM:

To submit via email:

Fill in form electronically in Adobe Reader 7.0 and up. (The latest version of Adobe Reader 8.0 is available free on the Adobe site at www.adobe.com). Please attach to an email message and send to steve@bestpackaging.com.

To submit via fax:

Fill in form electronically in Adobe Reader 7.0 and up. (The latest version of Adobe Reader 8.0 is available free on the Adobe site at www.adobe.com) In Adobe Reader go to File>Print

Fax form information is located on the top right corner of the form.

Or print the blank form and fill in by hand, then fax to 708-344-0024

To save the form:

In Adobe Reader, go to File>Save (to desired location with the desired unique file name)