

BEST PACKAGING[®]

INNOVATIVE PACKAGING SOLUTIONS

SHRINK WRAPPER REQUEST FOR QUOTE

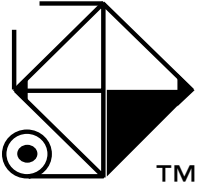
Best Packaging Sales Manager: _____ Lead/Opp/Quote#: _____
 Person Completing RFQ: _____ Date Submitted: _____
 Project Name/Reference: _____

Distributor: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Phone: _____
 Cell: _____
 Certified: Yes Dist/SA Disc: ____ Select %

End User: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 E-Mail: _____
 Phone: _____
 Cell: _____
 Install Location: _____

Type of Proposal: New Requote Proposal # _____
 Formal Budgetary With Layout Customer Specification Included
 Project Information: New Line Refit Existing Line Other: _____
 Funded: Yes No Unknown
 Previous proposals for same project or customer: _____
 Customer already has the following Best Packaging Equipment: _____

Product Size	Length	Width	Height
	Min: _____	Min: _____	Min: _____
	Max: _____	Max: _____	Max: _____
Product Weight	Min: _____	Max: _____	
Product Description: _____			
Comments (Anything Unusual?) _____			
Condition (greasy, dusty, etc) _____			
Product Appearance:	<input type="checkbox"/> Rigid	<input type="checkbox"/> Flexible	
Seal Location:	<input type="checkbox"/> Side	<input type="checkbox"/> Bottom	<input type="checkbox"/> Doesn't Matter
	<input type="checkbox"/> Retail Package	<input type="checkbox"/> Non-Retail	
Benchmark Samples To Be Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Return Samples:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Speed	Packages per minute: _____		



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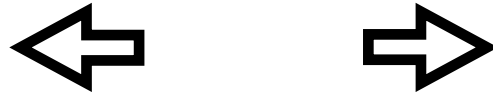
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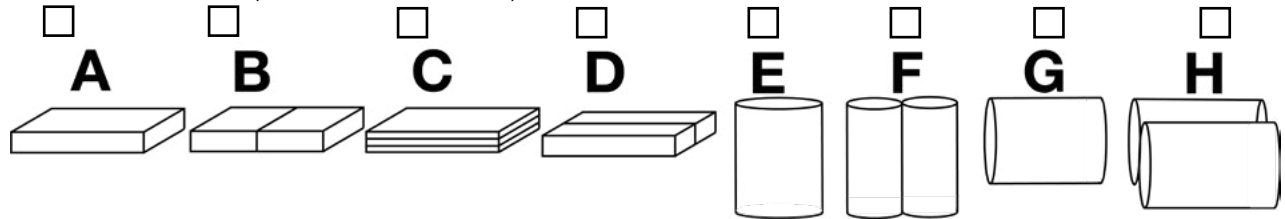
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How will product be fed into wrapper and at what speed?
 Fed by hand or automatic? Speed/ft or product/min? Gap or no gap? Height of existing conveyor?

Direction of Product Flow: (Please Check One) Right To Left Right To Left



Product Orientation (Please Check Box)



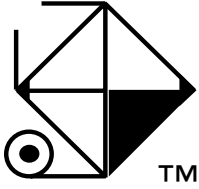
Do Product Require A Shrink Tunnel? Yes No
 Film Specifications (Please check one) POF Film PE Film
 Manufacturer/Model# _____ Gauge _____

Optional Infeed Conveyor Needed: Belted Flighted Lug

Custom _____ Flighted Bar Length

Please Describe Environment: (Example: Dusty, Wet, Cold, Extreme Heat, Average Temp) _____

Incoming Plant Voltage: 120V/1ph 208V/1ph 208v/1ph 480V/3ph
 At Machine Location: 230v/1ph 230v/1ph Other _____



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ADDITIONAL COMMENTS:

We encourage you to attach photos, diagrams, videos or anything else that may be helpful along with this form. You are also welcome to sketch in the space below.

When completed, please submit via email to Info@BestPackaging.com
 We look forward to doing business with you!

SUBMIT