

Company _____
 Contact person _____
 Telephone # _____

Date: _____

Orbital wrapper mod.: _____
 Desired application: _____
 Estimated install. date: _____

Current packaging system: Manual Semiautomatic Automatic Others: _____
 Current packaging material: None Strap Film Shrinkfilm Cardboard Others: _____
 Description of product to wrap: _____

(Supply photos of the different products if possible)

Product sizes

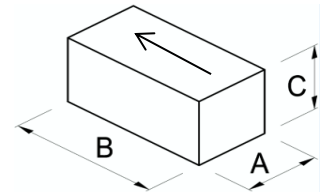
A Width x C Thickness: _____ x _____ in
 B Length: _____ in
 D Total weight: _____ lb
 E Weight per lineal foot: _____ lb/foot

Maximum

_____ x _____ in
 _____ in
 _____ lb
 _____ lb/foot

Minimum

_____ x _____ in
 _____ in
 _____ lb
 _____ lb/foot



F Output requested: _____ units per minute hour day shift: n° shifts _____

G Power supply: 230V I phase
 400V III phase + Neutral
 Others: _____ V-Hz UL Adaptation? UL Certificate?

H Orbital wrapper to be installed in existing line? Yes No *(Supply photos of the place to be installed if possible)*

I Conveyors working height: _____ in

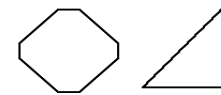
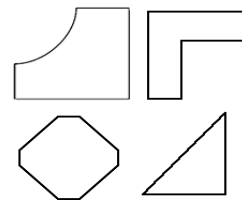
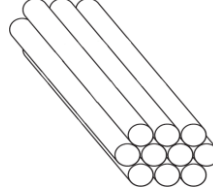
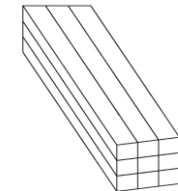
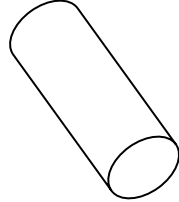
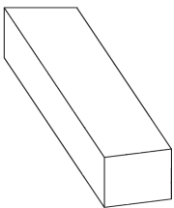
J Conveyors speed: _____ feet/min

K Remarks: _____

L Shape of product:

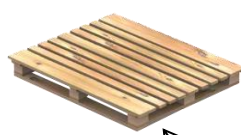
Square, rectang, flat, ...

L1 L2 L3 L4 L5 L6 Others: _____



M Product to be wrapped directly onto a pallet: Yes No *(arrow shows movement of the product or pallet)*

Choose type



Others: _____



Could the pallet be wrapped directly using the forklift, without a conveyor? _____