

INQUIRY FORM

YOUR COMPANY : _____ ADDRESS : _____
 CONTACT PERSON : _____ FACTORY: _____
 TEL. _____ E-mail : _____

PROJECT TYPE

- | | |
|--|---|
| <input type="checkbox"/> Robot Palletizing | <input type="checkbox"/> Automatic Wrapping Machine |
| <input type="checkbox"/> Bagging /Filling System | <input type="checkbox"/> Stretch Hood Machine |
| <input type="checkbox"/> Packing System | <input type="checkbox"/> Other _____ |

PRODUCT TYPE : _____

PRODUCT SPECIFICATION

Dimension : _____ Load : _____
 Capacity : _____ Density : _____ Humidity: _____
 Normal FDA ESD

PALLET SPECIFICATION

1. Dimension : _____ Pallet Type : _____
 Pallet/Hour : _____ PPH Pallet Load : _____ (Ton/Pallet)
 Direction of Pallet : _____ (Long lead side)

2. Dimension : _____ Pallet Type : _____
 Pallet/Hour : _____ PPH Pallet Load : _____ (Ton/Pallet)
 Direction of Pallet : _____ (Long lead side)

Existing Line

Type of Machine : _____ Capacity : _____ Speed : _____
 Discharge or Recived Height : _____ mm. Eff.Width : _____ mm.

Other

Working Hour/Day : _____ hrs. Envelopment : _____

Attach file Layout Drawing Standard Part Etc.

More details

