



APPLICATION DATA SHEET

Name: _____ Job Title: _____
 Company: _____ Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Ext. _____ Fax: _____
 Email: _____ Cell Phone _____

Enclosing Photos, Blueprints, Drawing, others to help determine our requirements. _____
 Time frame for purchase _____ months.

General:

Replacement of existing equipment. Yes or No. if yes MDL # _____ Serial # _____ MFG _____
 New Line.... Yes or No Equipment will be used as (Slave) or (Master). Paint Color _____
 The equipment will be fed by: _____ Ex...Accumulator, Puller if applicable
 The equipment will feed into a : _____ Ex Extruder, Slitter, if applicable
 Material (Special Product Characteristics): _____ Industry Used: _____
 Special Material Handling Requirements _____ Material End Use _____

Process:

Extrusion _____ Feed & Cut _____ Rewind _____ Slitting _____ Punch Press _____ Other _____
 Process (Product) Motion:
 Continuous (fpm): _____ Intermittent: _____ inches/stroke _____ strokes/minute _____
 Winding Onto: Spools _____ Cores _____ Coils _____ Other: _____

Product Shape & Dimensions:

Rod _____ Tube _____ Hose _____ Profile _____ Strip _____ Pressure Sens. Tape _____
 O.D. _____ I.D. _____ Width _____ Thickness _____

Flange Side	Barrel Core ID	Width	Center Hole ID	Line Speed Min	Line Speed Max	Full Package Weight

Unwinding From: Spools _____ Cores _____ Coils _____ Other: _____

Flange Side	Barrel Core ID	Width	Center Hole ID	Line Speed Min	Line Speed Max	Full Package Weight

Material Flow From Operator Side: Right to Left _____ Left to Right _____
 Available Voltage: _____ Hz. _____ Phase: _____ Plant Air: _____
 Authorized by: _____ Date: _____