TECHNOLOGIESPLUS

Date: 10/20/2010	Date Proposal Needed:
Company (end user):	Company (rep): Kim Gilmore
Address:	Address: 4108 Park Rd, Suite 412
City, State, Zip:	City, State, Zip: Charlotte, NC 28209
Phone:	Phone: 704.525.2525
Fax:	Fax: 704.529.5154
E-Mail:	E-Mail: kgilmore@techplusonline.com
Contact/Title:	Contact/Title: Sales Manager

1.0 CUSTOMER VALUES

1.1 What is the price range? _____ Delivery Requirements? _____

1.3 If Customer already has a labeler, whose?

1.4 What does he/she like?

2.0 PRODUCTS TO BE LABELED

When possible, use customer description for product name (i.e, 250ml Glass round)

2.1 Products Labeled	Dia. / Width	Length	Height	Speed	*Accuracy	Skew
A.						
B.						
C.						
D.						

*NOTE: *If customer is responsible for product handling, <u>dispense</u> accuracy will be proposed. Customer will be responsible for final <u>placement</u> accuracy.*

2.2 Indicate label location with intended or actual label, mock-up or sketch, product with label. A sample should be included for order review purposes
☐ Front ☐ Back ☐ Wrap ☐ Side ☐ Top
☐ Bottom ☐ Leading ☐ Trailing ☐ Corner

2.3 Condition of product at point of labeling: ☐ Empty ☐ Filled ☐ Capped ☐ Uncapped
☐ Hot ☐ Cold ☐ Condensation ☐ Recess ☐ Other

2.4 Description of Labeling Environment:

2.5 What is substrate composition? ☐ Glass ☐ Plastic ☐ Corrugated ☐ Metal
☐ Other (describe)

2.6 Describe substrate characteristics: (i.e., smooth, flat, rough, etc.)

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3.0 LABEL SPECIFICATIONS

	Width across web	Length Feed Dir.	Material	Adhesive	Backing	Core Size	Label Copy Position	
							Front/STD	Back
A.								
B.								
C.								

4.0 UNUSUAL LABEL CHARACTERISTICS

☐ Interior Die Cuts   ☐ Release   ☐ Static   ☐ Perfs

☐ Punched holes   ☐ Pattern Adhesive   ☐ Fanfold   I.F.   O.F.

☐ Other (explain)

5.0 IMPRINTING OPTIONS   (Indicate imprint location, size and number of characters on each label sample)

5.1   ☐ Debosser   ☐ Thermal Transfer   ☐ Hot Stamp (Model) _____

5.2   Maximum Imprint Area:

5.3   Bar Code Requirements: Ratio   DPI
Code

5.4   Attach sample label or sketch, indicate label shape, imprint location, type size and direction of dispense.

6.0 APPLICATION SPECIFICATIONS

6.1   How will products be fed to the unit?   ☐ Manually   ☐ Conveyor
☐ Other (describe) _____

6.2   Will infeed transfer be necessary? How? _____
Conveyor height at point of transfer: _____ " +/- _____ "

6.3   What other product control issues will be important considerations? (i.e., surge control) _____

6.4   What provisions should be made for discharging product after labeling? _____
Discharge Height _____ " +/- _____ "

6.5   Describe other specifications: (i.e., space limitations, etc.) _____

7.0 PRODUCT TO BE LABELED ON CONVEYOR ☐ Customer Supplied   ☐ LSI Supplied

7.1 Fixed Speed (feed rate): _____ PPM/Line Speed _____ "/MIN

POWER REQUIREMENTS	
V	CYCLE
PHASE	

Variable Speed (feed rate): _____ TO _____ PPM

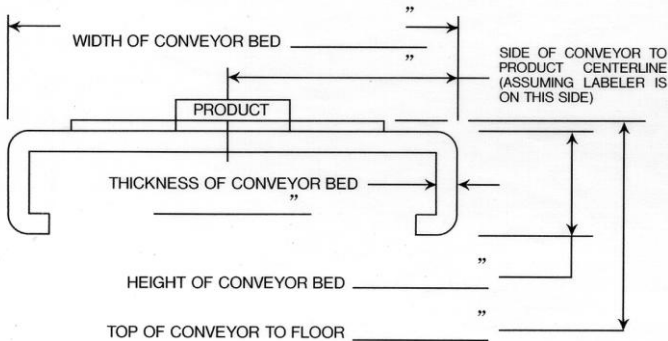Line Speed _____ TO _____ "/MIN.

7.2 Type of conveyor: ☐ Belt   ☐ Chain   ☐ Other _____

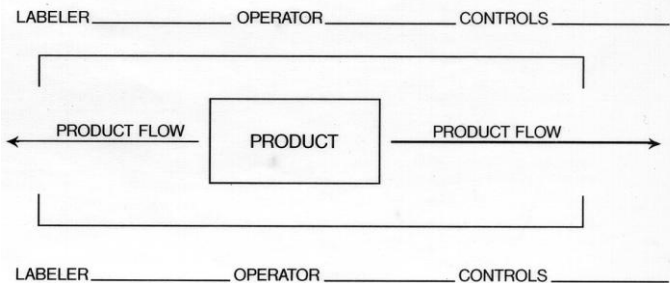7.3 Conveyor motion: ☐ Continuous   ☐ Intermittent Dwell Time _____

7.4 Minimum Distance Between Products: _____ Do products ever touch? _____

7.5 Additional Information: _____

7.6 Please fill in all blanks and indicate position of product on customer conveyor.

WIDTH OF CONVEYOR BED _____ "

SIDE OF CONVEYOR TO PRODUCT CENTERLINE (ASSUMING LABELER IS ON THIS SIDE) _____ "

PRODUCT

THICKNESS OF CONVEYOR BED _____ "

HEIGHT OF CONVEYOR BED _____ "

TOP OF CONVEYOR TO FLOOR _____ "

7.7 Indicate direction of product flow, position of labeler, position of operator, and direction operator controls to face.

LABELER _____ OPERATOR _____ CONTROLS _____

PRODUCT FLOW ← PRODUCT → PRODUCT FLOW

LABELER _____ OPERATOR _____ CONTROLS _____

7.8 Will pusher lugs be required? _____ Describe: _____

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Updated 12/15/00