



VANGUARD SHRINK FILMS

WWW.VANGUARDSHRINKFILMS.COM

FILM APPLICATION PROFILE

" Request For Quote"

Project Name: _____

Date: _____

Product Size:	Length	Width	Height
Min:	_____	Min:	_____
Max:	_____	Max:	_____

Product Weight: Min: _____ Max: _____

Product Description: _____

Comments: _____

Product Appearance: Retail Pkg. _____ nonRetail _____

Benchmark Samples To Be Sent: YES NO **Return Samples:** YES NO

Product Speed: Pgks per min. _____

Current Film Specs: Check One POF FILM PE FILM

Manufacture/Model# _____ Gauge: _____

Center Folded Single Wound

Film Width _____ Rolls Per Order Cycle _____

Shrink Wrapper

Manufacture _____

Model Number _____

SemiAuto L Sealer Automatic L Sealer

Intermittent Side Seal Continous Motion Side Seal

Other _____ Horizontal Form Fill/Lap Seal Machine

Shrink Tunnel

Manufacture _____

Model Number _____

Live Roller Conv Mesh Belt

Plastic Modular Belt Solid Belt

Other _____

Customer Name: _____ **City:** _____

_____ **State:** _____

Distributor Name: _____ **City:** _____

_____ **State:** _____

Contact Name: _____ **Phone:** _____

_____ **E-Mail:** _____

When Completed, select "File Save As" and save to Desktop with Your Project Name and Date

Please Submit To : Fax 913.599.0096 Email: info@vanguardshrinkfilms.com