

Customer Filling Requirements

Pacific Packaging Machinery, Inc

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MEMBER



Customer Information

Company: _____

Quote Attention of: _____

Full Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Filler Information

Machine To Be Installed In: *Existing Line:* _____ *Machine To Operate:* *Independent:* _____
New Line: _____ *Mono-Block:* _____
Synchronized: _____

Projected Installation Date: _____ Synchronize with: _____

Type of Fill Preferred: *Top Fill:* _____ *Bottle Flow Direction:* *Left-to-Right:* _____
Bottom Fill: _____ *Right-to-Left:* _____

Filling Temperature: _____ *(Left-to-Right is Standard, Right-to-Left is Optional & Extra)*

Foaming Tendency: *High:* _____ *Conveyor Height:* _____
Medium: _____ *Preferred Chain:* _____
Low: _____
None: _____

Drive/Motor: *Servo Drives & Brush-less DC Servo Motors:* _____ *Variable Frequency Controller & AC Motor:* _____

Power: *Volts* _____ *Phase:* _____ *Hz:* _____

Controls: *Volts* _____ *Phase:* _____ *Hz:* _____

Container Information

	Products	Volume (FL OZ)	Outside Diameter	Height	Neck I.D.	Speed (C.P.M)	Particulate Size if Any
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Comments
