Customer Filling Requirements

Pacific Packaging Machinery, Inc
http://www.pacificpak.com
Phone: (949) 369-2425
Fax: (949) 369-2429
E-Mail: sales@pacificpak.com

MEMBER PMMI

Customer Information

Company: _____

Quote Attention of: _____

Full Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Filler Information

Machine To Be Installed In: *Existing Line:* _____ *New Line:* _____

Machine To Operate: *Independent:* _____ *Mono-Block:* _____ *Synchronized:* _____

Projected Installation Date: _____ Synchronize with: _____

Type of Fill Preferred: *Top Fill:* _____ *Bottom Fill:* _____

Bottle Flow Direction: *Left-to-Right:* _____ *Right-to-Left:* _____

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

Foaming Tendency: *High:* _____ *Medium:* _____ *Low:* _____ *None:* _____

Conveyor Height: _____

Preferred Chain: _____

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

_____

_____