

SALES CALL REPORT Tel. ___ Visit ___ Visit Date _____ CC:PAD/CJA/WFD/JJH/JCD/FILE/PARA/LPS/LPB _____

Salesman: _____ Date: _____ F/U Date Required: _____

Contact: _____ Position: _____

Company: _____ Telephone: _____

Address: _____ Fax: _____

_____ Country: _____

City: _____ State: _____ Zip: _____

Web site: _____

email: _____

Description: _____

Action Required: _____

General Operating Specifications:

Machine: _____ Material: _____

Material Thickness: _____ min _____ max Core Size: _____ ID _____ OD

Max. Roll Diameter: _____ Speed: _____ min _____ max

Width: _____ min _____ Max Roll Weight: _____

Tension: _____ min _____ Elec. Supp: _____ V/ _____ PH/ _____ HZ/ EXP ___ Y ___ N

Estimated _____ Y _____ N

Per Customer _____ Y _____ N

OPERATING SPECIFICATIONS PERTAINING TO SPECIFIC EQUIPMENT MUST BE COMPLETED ON THE REVERSE SIDE OF THIS DOCUMENT.

WRINKLE REMOVAL SPECIFICATIONS

Wrap Angle: _____ Web Wander +/-: _____ Temp. At Sleeve: _____ deg. C F

Sleeve/Chemical Contact: ___Y___N If yes, please specify: _____

Is Ozone Present? ___Y___N Standard Neo Sleeve? ___Y___N/Special Sleeve: _____

St'd Mtg. Blocks? ___Y___N Flange Mtg. Blocks? ___Y___N Drill & Tap? ___Y___N, Size: _____

St'd Face Length? ___Y___N Special? _____ St'd Mtg. Centers? ___Y___N Special? _____

St'd Overall Length ___Y___N Special? _____

TRIM/MATRIX REMOVAL SPECIFICATIONS

Continuous Trim? ___Y___N Trim/Matrix Width: _____ min _____ max # of Trims: _____

Pieces? ___Y___N Location: _____

If Pieces-Description: _____

Motive Distance: _____ TOTAL _____ Horizontal _____ Vertical _____ Up _____ Down

Intake Distance: _____ TOTAL _____ Horizontal _____ Vertical _____ Up _____ Down

Discharge Distance: _____ TOTAL _____ Horizontal _____ Vertical _____ Up _____ Down

AIR CHUCK/SHAFT SPECIFICATIONS

___ Unwind / ___ Rewind ___ Single Width / ___ Slit Width Core Material: _____

Thru Shaft Diameter: _____ ___ Round / ___ Square Dim between support centers: _____

WEB GUIDE SPECIFICATIONS

Maximum Error Entering Web Guide: +/- _____ Maximum Accuracy Required: +/- _____ ___ Edge / ___ Line

Edge or Line Condition: _____

ELECTRICALLY HEATED ROLL SPECIFICATIONS

Roll Diameter: _____ Face Width: _____ ___ Chrome Finish / ___ Other: _____

Heated Length _____ Max.Temp.: _____ F / C Required Tolerance: _____ Time to attain Temp.: _____

FORK TRUCK ROLL HANDLER

Fork Lift Make and Model: _____

C/L Dist. Between Forks: _____ Fork Length: _____ Fork Lift Capacity: _____