

Enquiry Form MOF-PROMO HP

FAX + 49 7150 928-400 / <mailto:closureprinting@tampoprint.de>

Contact Details*

Company Name _____ Contact Person _____

Sector _____ Position _____

Street _____ Phone _____

Postal Code _____ Fax _____

City _____ Mobile _____

Country _____ E-Mail _____

Internet _____

Customer number	<input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>
Project <input style="width: 90%; height: 20px;" type="text"/>	

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Electric requirements

Frequency 50 Hz 60 Hz

Power supply voltage _____

Network configuration European non-European

Transformer required yes no Supplier transformer _____

Machine requirements

Required machine output _____ Closure caps/min

Inline/Offline Inline Offline
 Height of infeed: _____ mm Height of outlet: _____ mm

Camera inspection yes no

Feeding direction from right → left left → right

Vacuum conveyor extension (mandatory with camera inspection system) yes no

Counting device (change box) yes no Precision ± 5 pcs ± 50 pcs

Counting signal for good parts yes no

Feeding system yes no

Beverage caps

Size 28 mm 38 mm 48 mm Other

Material PP PE Liner Crown corks

Marking position inside outside (on top)

Other

Output capacity of the line required by the customer (if e.g. inline) _____

Send reference sample caps (each type min. 3.000 pcs)

Date _____ City _____ Signature customer / Stamp _____