CBM SYSTEMS INC
BestPack®

Stretch Hooder Application Survey Form

Customer name:	_____	Distributor:	_____
Address:	_____	Address:	_____
City / State:	_____	City / State:	_____
Contact:	_____	Contact:	_____
Tel:	_____	Tel:	_____
Fax:	_____	Fax:	_____
E-mail:	_____	E-mail:	_____

Product and Pallet Load Information:

Number of Product Types:	
Product to be Palletized:	
Container the Product is in:	☐ Boxes ☐ Drums ☐ Pail ☐ Bags ☐ Other: _____
Max. Height including Pallet:	
Max. Weight	
Required Speed:	

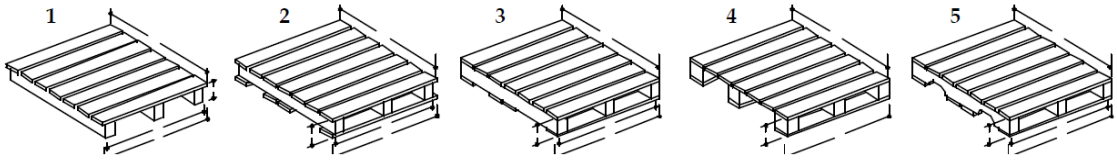
Pallet Load Specifications:

Size and weight of the individual product, please write all sizes.

Length	Width	Height	Weight (lbs)	Number Layer	Plt Type No.

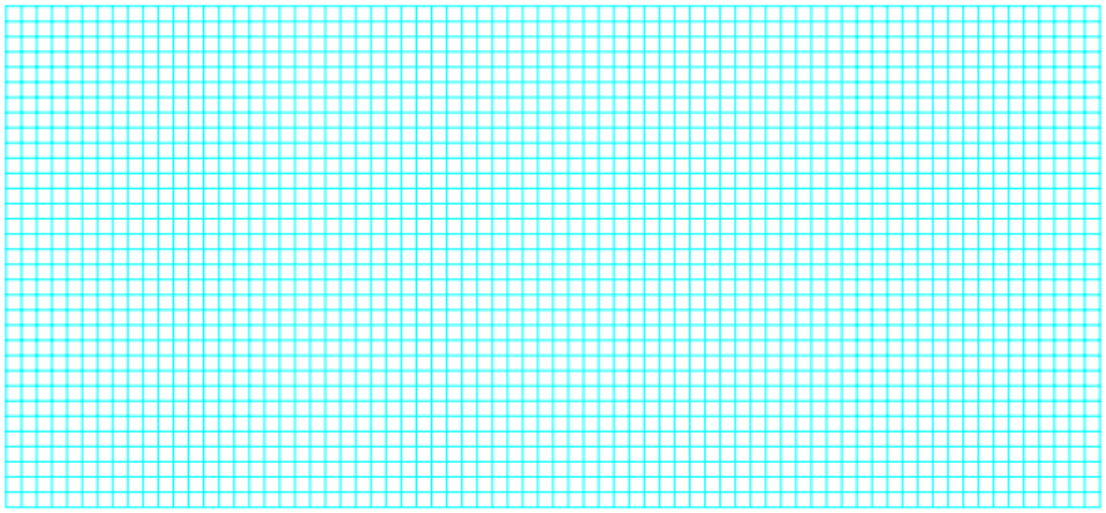
Pallet Size (circle one)

Circle pallet style required and fill in dimensions. If style is different from those shown, please provide a drawing in the space provided below.



1599 Monte Vista Ave. Claremont, CA 91711 - Tel: (909) 670-8888
Fax: (909) 670-8899 – Email: sales@cbmsystem.com - Web Site: www.cbmsystem.com

PLEASE SKETCH OTHER PALLETS WITH DIMENSIONS



NOTES: _____

If used in between layers, provide dimension. ____ L x ____ W

☐ Slipsheet ☐ Corrugated Tray ☐ Other: _____

Available Electrical and Air:

Plant Voltage: Voltage ____ Hertz ____ Phase ____

Compressed air: PSI ___

Operating temperature: Min ____ Degrees Fahrenheit Max ____ Degrees Fahrenheit

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