

# QUESTIONNAIRE TO SELECT THE APPROPRIATE VACPACK SYSTEM

To quote you the appropriate machine type, please send us the below requested information on the questionnaire.

END USER		DISTRIBUTOR	
Contact person		Office clerk	
Street		Street	
Zip code/ City		Zip code/ City	
Phone Nr.		Phone Nr.	
Mobile phone		Mobile phone	
E-Mail contact		E-Mail contact	



## 1. PRODUCT SPECIFICATION

Product dimension (W x D x H in mm):



## 2. MAX. BAG SIZE

Always related to sealing bar. Bag size (L x D in mm):



## 3. CONTROL PANEL CHOICE

a) Product type:

Liquid	Sharp-Edged and pointed	Sensitive to pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Do you intend to process different type of products?



## 4. GAS OPTION

Are the processed products sensitive to pressure? Any requirements set for „soft-tight packaging“



## 5. CUT OFF OPTION

Contributes to avoid germs deposit and have a clean sealing seam. Please specify if needed:



## 6. PRODUCTION CAPACITY

Turnover of bags per hour is related to machine type and pump power. Number of Bags to be processed per day/hour:



## 7. POWER CONNECTION

Please inform us about your required power connection: