



Cousins Packaging Inc.

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Effective: August 2015

APPLICATION SURVEY FORM FOR SEMI-AUTOMATIC SYSTEMS

Date: _____

USER / DISTRIBUTOR INFORMATION

Company Name: _____

Address _____

City, State, Zip _____

Phone No. _____ Fax No. _____

Contact _____ Title _____

Distributor Name _____

Address _____

City, State, Zip _____

Phone No. _____ Fax No. _____

Contact _____ Title _____

Process Rate:

Rate determined by: Material Handling Equipment Production Operators Other

Describe other: _____

Normal process rate: _____ Loads Per Hour

Production Time Basis:

One shift (8 hours) Two shifts (16 hours) Three shifts (24 hours)

Average working days _____ per year (annual rate)

Type of Material Handling Equipment Used to Load/Unload System:

- Forklift Manual Hand Jack Powered Hand Jack Other

Wrapping Requirements:

No. of Top Wraps: _____ No. of Bottom Wraps: _____ No. of Wraps (full web): _____
 Is film required to lock pallet? Yes No Distance from bottom of pallet: _____

Film Carriage Information:

Film or Netting Width? 20" 30" Film 40" to 70" Film (Full Web Non-prestretch) _____
 Pre-stretch level required? _____ Fixed (standard shipped with machine is 207%)
 Non-Prestretch carriage required? Yes No Netting carriage required? Yes No

Indicate film:

Brand _____ Type _____ Gauge _____ Roll Width _____ Roll Diameter _____
 Color _____ Cling _____ No Cling _____ Cling one side _____

Check appropriate individual unit/container:

- Bag Carton Cans Bottle (glass) Bottle (plastic) Tray
 Bundle Bale Cut Metal Pieces Cut Wood Pieces Pails/Buckets Other

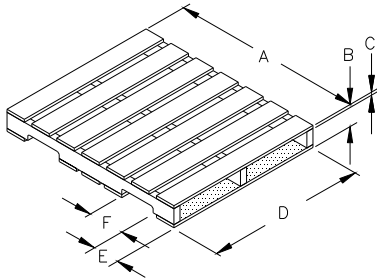
Color of product: _____ Describe product: _____

Load sizes including pallet:

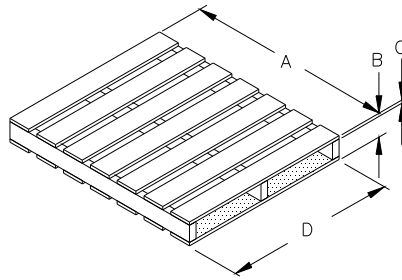
| Pallet Size | Load Size | | | Height | Weight | |
|---------------|-----------|--------|-------|--------|--------------|------|
| | Sizes | Length | Width | | Incl. Pallet | Min. |
| Pallet-load 1 | | | | | | |
| Pallet-load 2 | | | | | | |
| Pallet-load 3 | | | | | | |

Pallets:

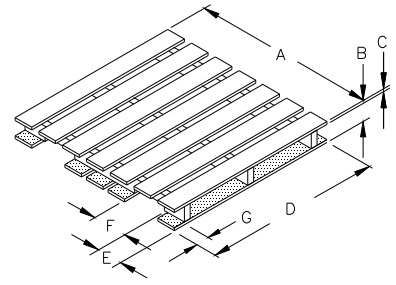
Select the typical pallet style and circle:



GMA STYLE



2 WAY ENTRY STYLE



WING STYLE

Electrical:

Select Proper Voltage:

- 115V 1 Phase (std.) 208V 1 Phase 230V 1 Phase
 208V 3 Phase 230V 3 Phase 460V 3 Phase

Environment:

Typical area temperature? Min. _____ °F Max _____ °F Average _____ °F

Ceiling height clearance? _____ feet Overhead cranes? Yes No

- Area factors: Wash-down/corrosive (define below)
 Wash-down/high or low pressure (define below)
 Cold Room (32 F to 0 F) Freezer Room (0 F to -30 F)
 Explosive dust Explosive vapors High humidity

Describe area factors: _____

Area/Building special classification: Class _____ Division _____ Group _____

Other NEMA requirements: _____

System Installation/Start-up:

Start-up by? Cousins (requested) Customer Distributor

Customer Source of Information

Name: _____
Title: _____
Date: _____
Signature: _____

Cousins' Distributor Representative

Name: _____
Title: _____
Date: _____
Signature: _____