

Pneu-Touch Inc.

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Data Required for Customized Label Applicator

Company Name: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

E-mail: _____

Label Information:

Size and direction of label on object: Horizontal _____ Inches Vertical _____ Inches

Size of Object to be labeled: Length _____ Inches Width _____ Inches Height _____ Inches

Description of object to be labeled: _____

Surface of object to be labeled: Flat__ Cylindrical__ Elliptical__ Tapered__ Recessed__ Concave__

Location of Label on Object: Side__ Top__ Front__ Rear__ 2nd Side__

Will the label Self Strip? Yes__ No__

Rolled or Fan-Folded Labels? Rolled__ Fan-Folded__

Label Specification:

Label Size: W _____ x L _____ x Gap _____ x Trim _____

Placement Tolerance (Plus/Minus): 1/32"__ 1/16"__ 1/8"__ 1/1000"__ Other _____

Miscellaneous:

Print and Apply? If so, printer brand and model: _____

Dispense Only? _____ Option of both? _____

Conveyor Information:

Roller _____ Belt _____ Powered _____ Gravity _____

Will product stop? _____

If so..... Positive Stop _____ Conveyor stop _____

Time object can be stopped? _____

Time between objects? _____

Maximum conveyor speed? _____ ft/min

Minimum conveyor speed? _____ ft/min

Is object wider than conveyor? _____, if so, how much wider? _____

Distance from top of conveyor to floor? _____

Width of conveyor? _____

Maximum distance from edge of conveyor to object? _____

Minimum distance from edge of conveyor to object? _____

Batch or Random? _____

Direction of flow in front of applicator? Right to Left _____ Left to Right _____

Additional Options Required:
