



ONLINE ORDER CHECKLIST

Visit www.formers.com/order to complete your order.

Company: _____
 Phone #: _____
 Contact: _____
 E-mail: _____
 Purchase order #: _____

Billing address: _____
 City: _____ State: _____ Zip: _____
 Shipping same as billing
 Shipping address: _____
 City: _____ State: _____ Zip: _____

Machine Specs

Manufacturer: _____
 Model: _____
 Machine modifications: _____

Size & Materials

Form, fill & seal orientation: vertical horizontal
 Bag size: _____
 Bag size units: in mm cm
 Film type: _____
 Film width: _____
 Film size units: in mm cm
 What product are you packaging? _____

Seal

Seal type #: _____
 Seal width: _____
 Seal size units: in mm cm

Other

Zipper: none slider zipper in-line
 Valve: yes no

Weight option

ULTRALYTE STEELYTE STANDARD EZ ALIGN

Additional Options

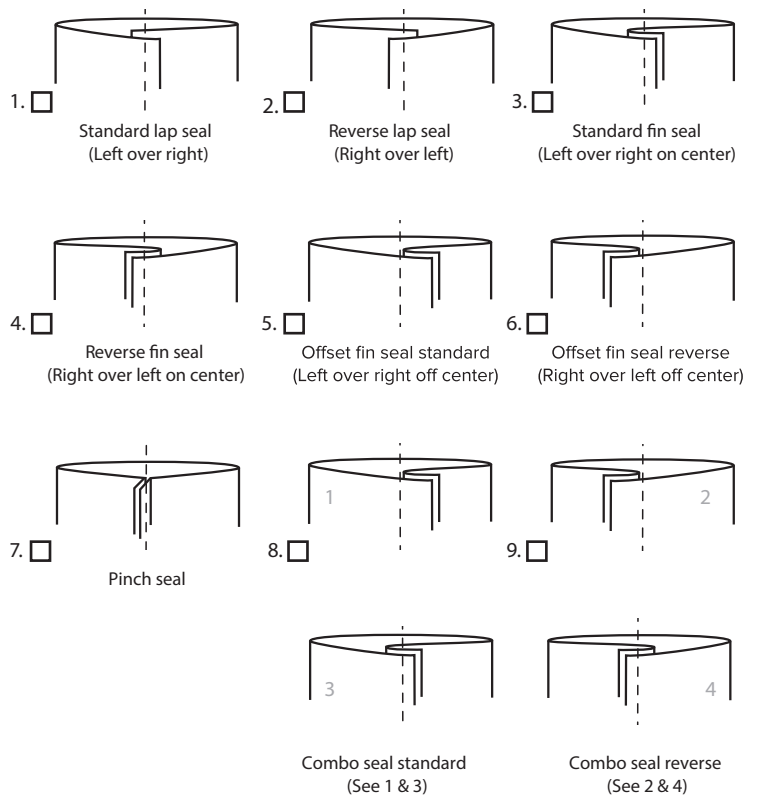
Condensation inner tube Dust extraction Nitrogen flushing Exhaust port Poker

Coatings: Chrome Electropolish QPQ Teflon® Armaloy® Other _____

Racks: # of formers _____ wall mounted portable

Form completed by: _____ Date: _____

Seal types



Assembly