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Company:	Billing address:
Phone #:	City: State: Zip:
Contact:	☐ Shipping same as billing
E-mail:	Shipping address:
Purchase order #:	_ City: State: Zip:
MACHINE SPECS	SEAL TYPES
Manufacturer:	
Model:	
Model modifications:	1.
SIZE & MATERIALS	(Left over right) (Right over left) (Left over right on center)
Form, fill & seal orientation: $\square$ vertical $\square$ horizontal	
Bag size:	
Available units: ☐in ☐mm ☐cm	4.☐ · · · 6.☐
Film type:	Reverse fin seal Offset fin seal standard Offset fin seal reverse (Right over left on center) (Left over right off center) (Right over left off center)
Film width:	-
Available units: ☐in ☐mm ☐cm	
SEAL	
Seal type # :	7.
Seal width:	
Available units: □in □mm □cm	
OTHER	3     1   1   4
Zipper: □none □slider zipper □in-line	Combo seal standard Combo seal reverse
Valve: ☐yes ☐no	(See 1 & 3) (See 2 & 4)
WEIGHT OPTION	ASSEMBLY
□ 🕏 ULTRALYTE □ 💿 STEELYT	E □ 🖨 STANDARD □ 🦁 EZ ALIGN
ADDITIONAL OPTIONS ☐ Condensation inner tube ☐ Dus	st extraction Nitrogen flushing Exhaust port Poker
	xed Nickel ☐Teflon® ☐ Armaloy® Other
Racks: # of formers wall mounted portable	,
Form completed by:	Date: