



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: _____

Model modifications: _____

Size & Materials

Form, fill & seal orientation: vertical horizontal

Bag size: _____

Available units: in mm cm

Film type: _____

Film width: _____

Available units: in mm cm

Seal

Seal type #: _____

Seal width: _____

Available units: in mm cm

Other

Zipper: none slider zipper in-line

Valve: yes no

Weight option

ULTRALYTE

STEELYTE

STANDARD

EZ ALIGN

Additional Options

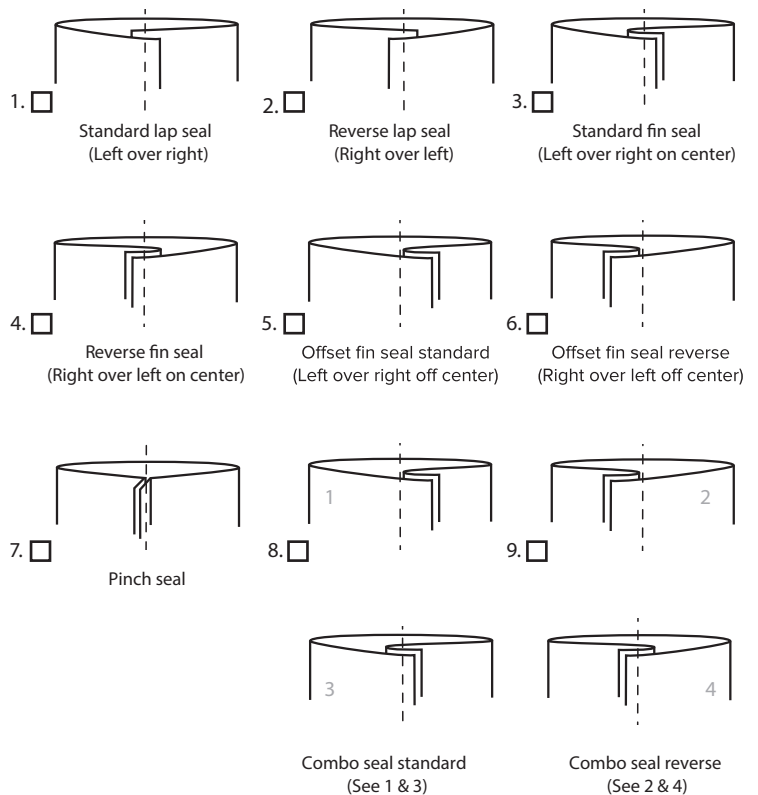
Condensation inner tube Dust extraction Nitrogen flushing Exhaust port Poker

Coatings: Chrome Nickel Electroless Nickel Baked Nickel Teflon® Armaloy® Other _____

Racks: # of formers _____ wall mounted portable

Form completed by: _____ Date: _____

Seal types



Assembly