Material Evaluation Form

Fill out completely to help us determine the best dispenser for your application.

Company:

Name:

Address:

City: **State:** **Zip:**

Email:

Type of dispenser:

☐ Electronic ☐ Manual ☐ Non-Adhesive ☐ Electric Label ☐ Hand Held

Describe the process being performed:

Require Cut Length(s) and Tolerance:

Type of tape:

Type of label:

Number of pieces per shift: **Shifts/day:**

Type of Environment (Cold, wet, etc.):

Other details you think might be helpful:

Mail this form with your sample material to:
Pro Pack Solutions®, Inc.
2421B Lance Court
Loganville, GA 30052
Ph: 770-554-1187 email: sales01@propacksolutions.com