

SKID-LOCK® INQUIRY FORM

COMPANY NAME: _____ PHONE: _____

CONTACT NAME: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

HOW DID YOU HEAR ABOUT SKID-LOCK? _____

WHAT ITEMS WILL YOU BE PALLETIZING: CARTONS / PAPER BAGS

SHRINK WRAPPED ITEMS , PLASTIC BAGS

OTHER (DESCRIBE) _____

ARE THE ITEMS ON A CONVEYOR AFTER BEING SEALED? YES / NO

WILL THE UNITIZED LOAD ENTER A FREEZER? YES / NO

IF YES, HOW MANY MINUTES AFTER UNITIZING DOES THE LOAD ENTER
THE FREEZER? _____ MINUTES

WHAT'S THE MINIMUM WEIGHT & DIMENSION OF THE SMALLEST ITEM
UNITIZED? _____ POUNDS / LENGTH: ____ / WIDTH: ____ / HEIGHT: ____

WILL THE ITEMS TO BE UNITIZED BE INTERLOCKING ,

COLUMN STACKED? , or a COMBINATION OF BOTH

HOW MANY PALLETS PER DAY ARE UNITIZED? _____

WHAT IS YOUR CURRENT METHOD FOR STABILIZING YOUR PALLET LOAD?

STRETCH WRAP , SHRINK FILM , STRAPPING , ADHESIVE

IF ADHESIVE, WHOSE AND PRODUCT NUMBER _____

IF ADHESIVE, HOW MANY DRUMS PER YEAR _____

____ OTHER (DESCRIBE) _____

DEALER REFERRAL _____

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