



Shrink Packaging Systems Corp.
1-800-486-5866

Green Machine®
Application Data Form

Date: _____

Your Name _____ **Your position:** _____

Company Name _____

Location _____ **Telephone** _____

Fax _____ **E-mail** _____

	Line A	Line B	Line C	Line D
Wrapper Make				
Wrapper Model Number				
Wrapper Serial Number				
Type of current side sealer				
Side seal location – looking from infeed – left or right				
Side seal before or after end seal				
120 Volt Power available				
Film Annual Usage				
Number of GM's needed				
Film type and manufacturer				
Conveyor speed – if known				
Date requested for installation				

When completed please e-mail to: GM@shrinkpackaging.com
Or Fax to: 603-889-4063