

Hole Punch Project Survey



Date: _____

Customer Information

Company Name: _____

Tel: _____

Contact Name: _____

Fax: _____

Title: _____

E-mail: _____

Address: _____

Website: _____

Industry: _____

Distributor: _____

Phone: _____

Distributor Contact: _____

E-Mail: _____

Application Information

Required Production Start Date: _____

First Production Quantity: _____

First Production Ship Date: _____

Host System make/model: _____

Product Information

Product 1

Product 2

Product 3

Product 4

	Product 1	Product 2	Product 3	Product 4
Type				
Width				
Length				
Thickness				
Coating				
Static				
Size Variation				
Curl				
Folds (single - tri)				
Perforations				
Die Cut				
% of production				
Orientation (based on host system)				
Color				
Material				

Performance Information

Maximum Host Line Speed (ppm): _____

Desired punch placement: _____

Punch placement tolerances: _____

Machine Specifications

Hole Punch to be mounted on: _____

Hole Punch Orientation (90 degree or in-line): _____

Single or double track input: _____

Menu/Manual Language: _____

Desired signals from hole punch: _____

Available Power: _____

Application Sketch

Machine Layout

Product Layout

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Additional Information

Please fax to (888) 661-2651

or e-mail to sales@fusion-concepts.com Signature: _____

Hole Punch Shape (please select tool size and shape)

