

Material Evaluation Form

Return this form along with your sample material (min 6ft.)

Why fill this form out? START International offers a free service to recommend the best solution to fit your application. We will test your material and recommend a product to fit your application needs. We do this to build your confidence in our equipment and to earn you as a customer of START International.

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Preferred Type of Equipment: (check all that apply)

If you would like us to do testing on a specific machine, fill in here: _____

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Manual Tape Dispenser | <input type="checkbox"/> Electronic Tape Dispenser | <input type="checkbox"/> Gummed Tape Dispenser | <input type="checkbox"/> Specialty Application |
| <input type="checkbox"/> Electric Label Dispenser | <input type="checkbox"/> Bottle Labeler | <input type="checkbox"/> Hand-Held Label Applicator | <input type="checkbox"/> Non-Adhesive Cutter |

Please Describe the Following: (if applicable)

Process being performed: _____

Present process time: _____ Desired Process time: _____

**Required Cut Length(s) and Tolerance(s): _____
(Tape Dispenser and Non-Adhesive Cutter Only)

Type of Tape (material, width, brand): _____

Type of Label / Die-Cut Part (material, size, brand): _____

Is the material spooled or loose . For spooled, what is the weight of the spool including material? _____
(Non-Adhesive Cutter Only)

Diameter of Bundle (TDWW only): _____

Number of Pieces used Per Shift: _____ Per Day: _____

Type of Environment used in: _____

Please include other important application information: _____

Mail this form along with your sample material (min 6ft.) to:

Attn. Technical Services
START International
4270 Airborn Drive
Addison, TX 75001
U.S.A.