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## Heat Seal Splice Equipment Requirement Questionnaire

COMPANY \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME & TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

TEL \_\_\_\_\_

### Material Type to Be Processed

	MATERIAL TYPE(S)	THICKNESS OR/BASIS WT.	% OF VOLUME	MIN. WIDTH	MAX. WIDTH	HEAT SEALING TEMP REQUIRED
A						
B						
C						

TYPE OF HEAT SEAL REQUIRED:    LAP SPLICE    BUTT SPLICE    IMPULSE    HEATED PLATEN

PROCESS SPEED:            MINIMUM \_\_\_\_\_            MAXIMUM \_\_\_\_\_

NUMBER OF LAYERS TO BE SEALED: \_\_\_\_\_

HEAT SEAL TO BE USED INLINE WITH PROCESS (DESCRIPTION):

\_\_\_\_\_

OFF-LINE: \_\_\_\_\_