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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: _____