

For  
Faster Service  
Please fill out  
**COMPLETELY!**

# Material Evaluation Form

\*\*\* PLEASE Copy this form and fill out completely \*\*\*

**Why fill this form out?** START International will test your material for free and recommend the product that best fits your application. "We don't just sell machines... we offer solutions."

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Preferred Type of Equipment: (check all that apply)

If you would like us to test a specific machine, fill in here: \_\_\_\_\_

1

MACHINE

- Electronic Tape Dispenser     Electric Label Dispenser     Non-Adhesive Cutter  
 Gummed Tape Dispenser     Bottle Labeler     Other: \_\_\_\_\_

## Please Describe the Following: (if applicable)

2

APPLICATION

Required Cut Length(s) and Tolerance(s): \_\_\_\_\_  
*(Tape Dispenser and Non-Adhesive Cutter Only)*  
Process being performed: \_\_\_\_\_  
Present process time: \_\_\_\_\_ Desired Process time: \_\_\_\_\_

3

MATERIAL

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/Roll: \_\_\_\_\_

4

USAGE

Number of Pieces used Per Shift: \_\_\_\_\_ Per Day: \_\_\_\_\_  
Type of Environment used in: \_\_\_\_\_  
Please include other important application information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please **COPY** this form and mail it  
along with your sample material to:

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

\*\*\*\*\*  
**PLEASE BE SURE TO SEND A  
MINIMUM OF 12 FEET  
OF THE  
EXACT MATERIAL BEING USED  
IN PRODUCTION**  
\*\*\*\*\*

Steve S.

