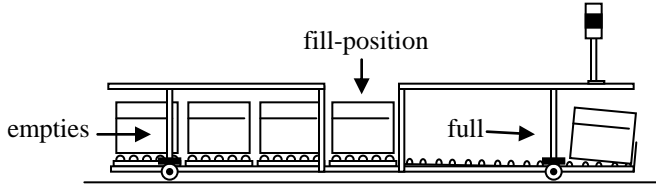


HFA Box/Bag/Tote-Fill information/dimension sheet

Phone : 815-943-1195 **Fax :** 815-943-4030 **Email :** john@hfaconveyors.com or dennis@hfaconveyors.com

Customer Information :

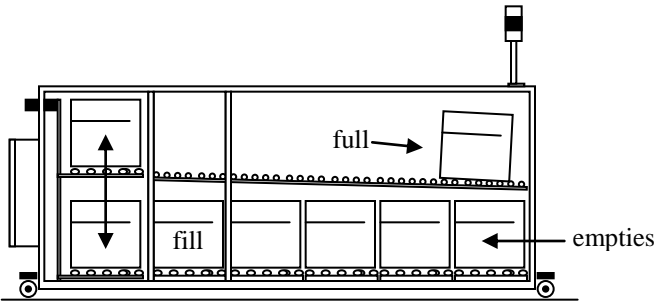
Name : _____ **Ph :** _____
Company : _____ **Fax :** _____
Address : _____ **E-Mail :** _____
City / State / Zip : _____



Inline-System...(top view)

Model : Inline ____ Over/Under ____ Parallel ____

90-Degree ____ Rotary ____ Other _____



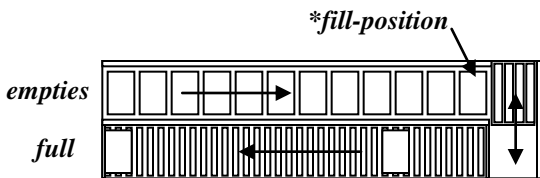
Over/Under-System...(side view)

Container being filled : Box ____ Tote ____

Is the container lined with a bag ? (yes) ____ (no) ____

Container Size : length _____ width _____

height (w/ flaps up...if applicable) _____

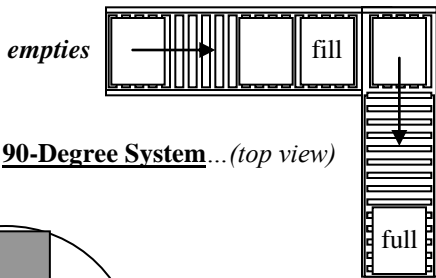


Parallel-System...(top view)

Amount of containers : empties ____ full ____

Fed VIA : conveyor ____ robot ____

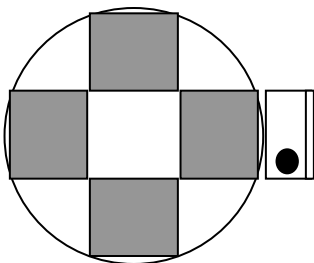
other _____



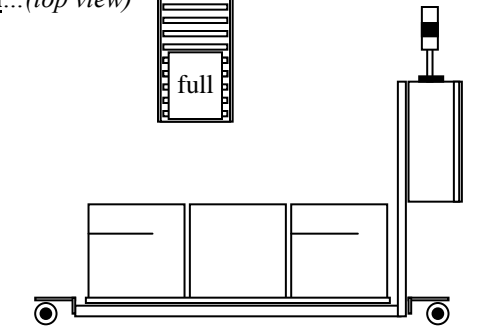
90-Degree System...(top view)

Fill by : count ____ weight ____

Quantity needed : ____



*top view



*side view

Rotary-System

Other Requirements : _____

*This "form" can also be found on our website... www.hfaconveyors.com