

Number of production lines running simultaneously: _____ Labels-out orientation required? Yes No Display/unique case positioning required? Yes No

Material: Paper tape Plastic tape Glue seal No seal Fan fold Strapped **Bottom Case Seal:** Paper tape Plastic tape Glue

Top/Wall: New Recycled Bulged Flap overlay Single wall Double wall Triple wall Wax/clay coated

Receptive to alternative stacking patterns? Yes No Any unique product characteristics to consider? Yes No If Yes, explain: _____

2 INFEEED CONVEYORS

Number of infeeds required: _____ Case dimension across conveyor prior to infeed: Width: _____ Length: _____

Upstream conveyor system / components required? Yes No If yes, explain: _____

Bar code sortation required? Yes No Open flap detection required? Yes No

3 UNIT LOAD REMOVAL

Number of palletizing stations required: _____ Build loads on: Conveyor Floor Lift Section Other: _____

Loads to be removed by: Forklift Conveyor Transfer Car Pallet Jack No

4 PALLET SPECIFICATIONS

Cases palletized on: Pallet Sheet on pallet Slip sheet Conveyor w/out sheet or pallet

Indicate correct pallet(s) below or attach spec. (If pallets are plastic or steel, spec. or drawing required)

Pallet #	Width — A (in.)	Length — B (in.)	Height — C (in.)	Empty Weight (lbs)	Condition	Handle From

5 SHEET SPECIFICATIONS

Material: Corrugated Kraft Plastic Fibreboard Plywood Other: _____ Size — Width: _____ Length: _____ Qty: _____ Tab Length: _____

Sheet Yes No Material: Corrugated Kraft Plastic Fibreboard Plywood Other: _____ Size — Width: ___ Length: ___ Qty: ___ Tab Length: ___

Required? Yes No Material: Corrugated Kraft Plastic Fibreboard Plywood Other: _____ Size — Width: ___ Length: ___ Qty: ___ Tab Length: ___

6 OPERATING DESCRIPTION & PARAMETERS

Number of working days per year: _____	Number of shifts: <input type="checkbox"/> 1 Shift <input type="checkbox"/> 2 Shifts <input type="checkbox"/> 3 Shifts	Manual palletizing backup required? <input type="checkbox"/> Yes
Bot sketch attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer floor plan submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	AutoCAD floor plan submitted? <input type="checkbox"/> Yes

7 DOWNSTREAM CONVEYOR / STRETCH WRAPPER (IF APPLICABLE)

Full load accumulation or transportation conveyor required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain: _____
Stretch wrapper required? <input type="checkbox"/> Yes <input type="checkbox"/> No	How will load move between palletizer & wrapper? <input type="checkbox"/> Conveyor <input type="checkbox"/> Transfer car
Load accumulation after wrapper: <input type="checkbox"/> Powered <input type="checkbox"/> Gravity <input type="checkbox"/> None	Number of loads to accumulate: _____
Preferred stretch wrapper vendor: _____	

8 ADDITIONAL NOTES / SPECIAL REQUIREMENTS

How to Submit
 Email completed form to: sales@robotpalletizer.com
 Phone: 1-888-567-6585 (Mon–Fri 8:00 AM – 5:00 PM CT)
 Or submit online at: www.robotpalletizer.com/quote

What Happens Next

1. Engineer reviews within 1 business day
2. Discovery call to clarify details
3. Preliminary proposal with budget range
4. Formal proposal with 3D design