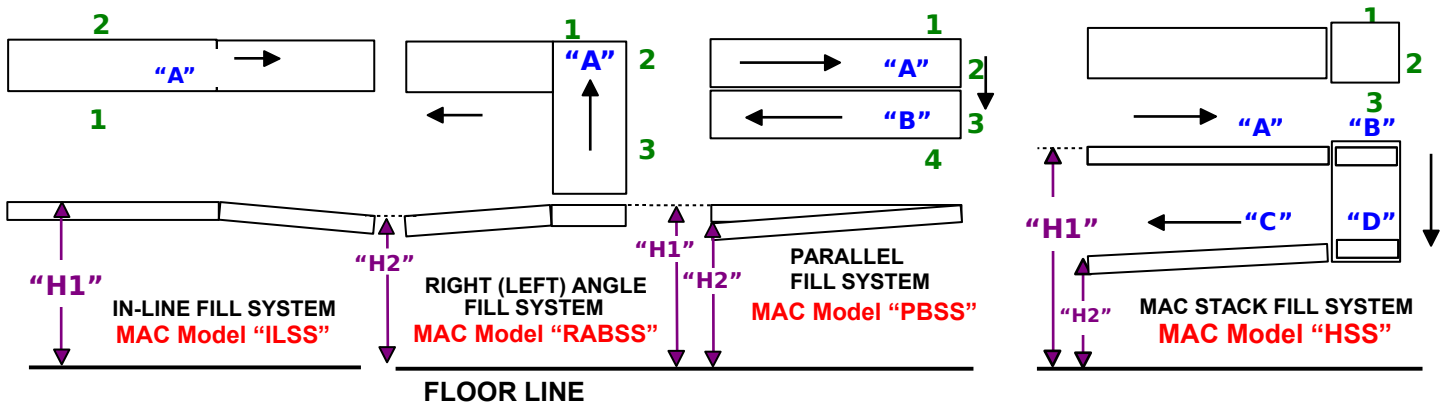


Quote Information



Select box fill model: ILSS RABSS PBSS HSS HSSM _____ (number of levels)
 Frame Material: Steel Extruded Aluminum Height from Floor: H1: _____ " H2: _____ "

-Indexing Conveyor-

Level of Belt Indexing Conveyor: Top Bottom Legs Required to be Adjustable? Yes No
 Direction of Flow: Same as shown Opposite of shown Belt Type: Black PVC Other _____

-Container Information-

Number of Empty Containers Desired: _____ Number of Full Containers Desired: _____
 Containers to be filled: Corrugated Boxes Plastic Totes
 Box/Tote dimensions: W: _____ "x L: _____ "x H: _____ " Flaps: Up Down
 if Totes, tote information: Manufacturer: _____
 Model Number: _____
 Lids: Hinged Snap On

-Full Box Conveyor-

Belt Type: Gravity Roller System (standard) if Factory Approved Custom: Black PVC Other _____
 Available Floor Space for Equipment: W: _____ "x L: _____ "

-Filling Information-

Fill Box by: Cycle Count Weigh Count Weight Photo-eye Count All Listed
 If Cycle Count, Interlock? Yes No Customer Signal Voltage: 24VDC 120V, 1ph Dry Contact
 Time Required to Fill Box: _____ seconds - or - hours
 Box to be filled using: Feed Conveyor Robot Other _____

NOTE: If Feed Conveyor is required, please fill out a Conveyor Request for Quote and provide machine dimensions.

If robot, state lowest height part will be released: _____ " Layer Pack Bulk Pack

Fill Position Desired: (see above drawing) "A" "B" "C" "D"

NOTE: Robotic fill is usually done at position "A" or "B" on model "HSS" for easy container entry.

Max Box/Tote Filled Weight: _____ Pounds - or - Kilograms

Liner in container being used? Yes No Container Sample Supplied to MAC? Yes No On the way

Box Loader will be positioned near the IMM: Control Side Non-Control Side Perpendicular to clamp end

Adjustable Side Rails: (if desired) One Side Two Sides Height: 6" (standard) Other _____ "



Request For Quote -Box/Tote Fill System

-Control Information-

Control Panel Location:(see above drawing) "1" "2" "3" "4"

Bottom of Panel to Floor: MAC discretion Other _____" Panel Facing: Over Away from conveyor.

Cycle Time of Machine: _____ Seconds, Number of Parts Per Cycle: _____ Pieces.

Minimum Box Index Time Required: _____ Seconds

Smallest parts to be handled: W: _____"x L: _____"x H: _____"

Largest parts to be handled: W: _____"x L: _____"x H: _____"

Were Part Samples Supplied? Yes No On the way

PLC Control Options: AB micro logix 1000/12000 & Horner PLC (standard)

Allen Bradley - Model Number: _____ Automation Direct Model Number: _____

Other : _____ - Model Number: _____

Supply Voltage: 110VAC 208VAC 220VAC 440VAC Phase: Single Three

Alarm Options: Visual - _____" (height of visual alarm) Audible - _____db (decibel level of audible alarm) Both

Please describe any special sequence of operations for special applications in the box below:

-Powder Coat-

Color: Gray (standard) Other _____ (custom charges will apply)

Is Customer Supplying Custom Paint? Yes No

Additional Comments:

Contact Information

Company Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone _____ () _____ - _____ ext. _____

Fax _____ () _____ - _____

E-mail _____

**Please Fax to (815)337-3020 or
E-mail to sales@macautomation.com**