

Material Evaluation Form

Contact Rocket Industrial and provide sample material (minimum 15ft.)

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

Employee Assisting with Evaluation: _____

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Preferred Type of Equipment: (check all that apply)

If you would like us to do testing on a specific machine, fill in here: _____

1

MACHINE

- Electric Tape Dispenser Electric Label Dispenser Non-Adhesive Cutter
 Specialty Application 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 (TDWW only): _____

4

USAGE

Number of Pieces used Per Shift: _____ Per Day: _____

Type of Environment used in: _____

Please include other important application information: _____

Contact Rocket Industrial, we will work with you to begin testing your sample material.*

*Minimum of 15ft. of material required for testing.