

KIWI CODERS CORPORATION

265 EAST MESSNER DRIVE

WHEELING, IL 60090

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FLEXOGRAPHIC PRINTERS - SPECIFICATION SHEET NO. 401S

SEE BULLETIN 401

In order to supply the best suited equipment for your printing application, please complete and return this form to Kiwi. For assistance in completing this form, please contact a Kiwi sales representative at 847-541-4511.

- 1) Maximum web width? _____ inches
- 2) Minimum web width? _____ inches
- 3) Maximum print width? _____ inches
- 4) Minimum print width? _____ inches
- 5) Print repeat? _____ inches
(in direction of travel)
- 6) Maximum web speed? _____ FPM
- 7) Minimum web speed? _____ FPM
- 8) Is the web traveling? _____ continuously, or _____ intermittently
(check one)
- 9) Is the printing to be? _____ continuous, or _____ registered
(check one)
- 10) Material to be printed _____ plastic, _____ paper, _____ wallboard, _____ other.
(Please supply printed sample of material) _____ Please list.
- 11) Ink drying time available? _____
- 12) Equipment mounting position _____ top, _____ bottom, _____ vertical.
- 13) Available space for printer _____ length, _____ width, _____ height
- 14) Preferred printer drive? _____ friction from web, _____ extended shaft from parent machine
_____ S-wrap drive _____ variable speed motor assist, with speed matching
- 15) Ink pump recirculating system required? _____ yes, _____ no.
- 16) Backup roller for printer required? _____ yes, _____ no.
- 17) Anilox roll required? _____ yes, _____ no.
- 18) Anilox cell count required. _____
- 19) Enclosed doctor blade system required? _____ yes, _____ no.
(requires ink pump system)

NOTE: PLEASE PROVIDE WEB FLOW DRAWING ON BACK OF SHEET

COMPANY NAME: _____

DATE: _____

ADDRESS: _____

PHONE #: _____

CITY, STATE, ZIP: _____

FAX #: _____

COUNTRY: _____

CONTACT: _____

E-MAIL: _____