

KIWI CODERS CORPORATION

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Kiwi Friction Driven Coders Specification Sheet #310S (Bulletin 310E)

ITEMS TO BE IMPRINTED: _____ SAMPLES FURNISHED YES NO

CIRCLE ONE: CASES, CARTONS, BAGS, PLASTIC BOTTLES, WEBSTOCK, OTHER _____

	Running length	Width	Height	Dia.	Weight	
Minimum						Space Between: _____
Maximum						Units/Minute: _____
						Conveyor or webstock speed: _____ FT/min.

* Are you marking your containers now? Yes No

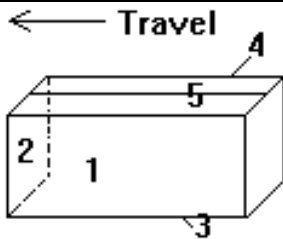
* If yes, describe your present marking method _____

CODER LOCATION

CASE TAPER BELT CONVEYOR ROLLER CONVEYOR OTHER _____

If Case Taper, make and model number _____

IMPRINT



- | | |
|---|--|
| 1. Left Side <input type="checkbox"/>
2. Leading Surface <input type="checkbox"/>
3. Bottom <input type="checkbox"/>
4. Right Side <input type="checkbox"/>
5. Top <input type="checkbox"/> | <input type="checkbox"/> Registered or <input type="checkbox"/> Continuous
_____ Seconds, Allowable Drying Time
Surface: <input type="checkbox"/> Absorbent
<input type="checkbox"/> Non-Absorbent (Describe) _____ |
|---|--|

SKETCH IMPRINT LOCATION ON REVERSE SIDE

TYPE

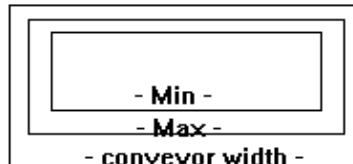
- | | |
|---|--|
| _____ Message Lines
_____ Character Height
_____ Set of 0 thru 9
_____ Set of A thru Z | <input type="checkbox"/> Kiwi Channelok (Specify type body size below)
<input type="checkbox"/> Baselock - Style _____
<input type="checkbox"/> 1/8" thick printing mat – (Customer artwork required.)
<input type="checkbox"/> Kiwi to recommend <input type="checkbox"/> Use Customers type |
|---|--|

INKING SYSTEM

- | | |
|---|--|
| <input type="checkbox"/> K1 Pre-inked cartridge _____ Black _____ Red _____ Blue _____ Green
<input type="checkbox"/> K7 Re-inkable cartridge _____ Black _____ Red _____ Blue _____ Green _____ Other
<input type="checkbox"/> Kiwi K6 Sponge uninked cartridges <input type="checkbox"/> Kiwi to recommend ink cartridges <input type="checkbox"/> Kiwi recommended ink | _____ Units <input type="checkbox"/> Pint <input type="checkbox"/> Quart <input type="checkbox"/> Gallon
_____ Color <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other _____
Kiwi ink number _____ |
|---|--|

OPTIONAL EQUIPMENT FOR SERIES 450

- Anti-Repeat Assembly Kit, P/N F038051
 Top Mount Kit, P/N F035013 - 8" Span
 Top Mount Kit, P/N F035162 - 20" Span
 Two Way Timer, P/N F037909
Use reverse side for additional information



Distance coder must swing in from mounting surface to minimum & maximum box widths.

COMPANY NAME: _____	DATE: _____
ADDRESS: _____	PHONE NO: _____
CITY, STATE, ZIP: _____	FAX NO: _____
E-MAIL: _____	CONTACT: _____
COUNTRY: _____	
<input type="checkbox"/> REQUEST FOR QUOTATION _____	<input type="checkbox"/> PURCHASE ORDER # _____