

Request for Quotation for Checkweigher

Fill out and return to info@mpimagnet.com or call 248.887.5600x1 to speak with representative

Originator _____
 Date _____
 Date quote required _____



End User
 Customer name _____
 Customer contact name _____
 Customer address line 1 _____
 Customer address line 2 _____
 City _____
 State _____
 Zip/postal code _____
 Country _____

Position _____
 Telephone _____
 E-mail _____

MPI regional sales manager _____
 MPI sales representative _____

General Application Details

System quotation required _____
 Installation environment _____

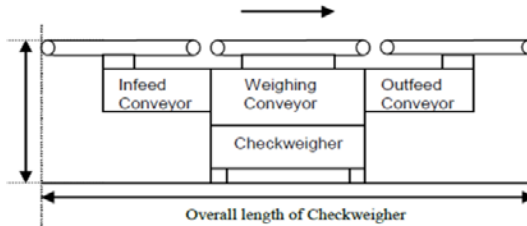
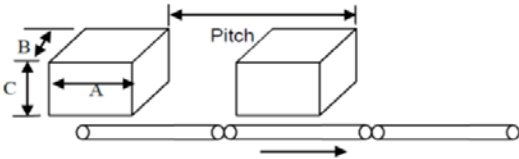
Is this unit replacing an existing unit? _____
 Checkweigher size (if replacement)
Infeed Length (in or mm) _____ Width (in or mm) _____ (if applicable)
Checkweigh Length (in or mm) _____ Width (in or mm) _____
Outfeed Length (in or mm) _____ Width (in or mm) _____ (if applicable)

Existing unit brand _____
 Reason for replacement _____
 Has the application been validated? _____
 Anticipated purchase date _____
 Site Voltage _____ (Standard power input is 110V or 220V/1ph/60Hz)
 Electrical supply to Checkweigher _____
 508a Panel required? _____
 Air supply/required available _____
COMMISSIONING REQUIRED _____

Product Information

Number	Product Name	Packaging	Product Dimensions			Temperature Degrees C/F	Packs per minute	Pack Pitch	Weight Oz/Lbs/Grams	Accuracy Required	Notes
			Length "A" (in. mm.)	Width "B" (in. mm.)	Height "C" (in. or mm)						
1											
2											
3											
4											
5											

Please continue on separate sheet, if more products (product determines sizing and accuracy, so please complete fully)



Checkweigher
 Purpose _____
 Clean down environment _____
 Checkweigh Length Available _____
 Belt Width (if required) _____
 Conveyor Line Height _____
 Direction of flow _____
 Infeed Line Speed _____
 Preferred Material Construction _____
 Reject type _____
 Dual Reject _____
 Reject direction _____
 Lockable reject bin _____
 Product registration photogate _____
 Bin full sensor _____
 Low air pressure detect _____
 Reject cover _____
 Access hatch _____
 Reject confirmation _____
 Side Guides _____
 Metal Detection _____ (If yes, fill out applicable information on Tunnel MD tab)
 Alarm _____ (Please specify type)

Notes: (Please add all notes here, if relevant include pictures and drawings in email.)

