

TECHNICAL DATA SHEET BAG PALLETIZING SYSTEM

Customer _____ Date _____
Location _____ Inquiry No. _____
_____ Tel _____
Contact _____ Fax _____
_____ E-mail _____

EQUIPMENT DESIRED Palletizer Slip Sheet Dispenser Top Sheet Dispenser
 Glue System Metal Detector Checkweigher

Other, specify _____

PALLET SPECIFICATIONS

	No. 1	No. 2	No. 3	No. 4	No. 5
Width					
Length					
Thickness					
Type No.					
Material					

BAG SPECIFICATIONS

Material					
Type					
Width (full)					
Length (full)					
Thickness (full)					
Weight (full)					
Contents					
Degree of pack					

RATE BAGS/HOUR

Bag pattern No.					
Number of layers					
Max. height including pallet					
Max. weight					

UTILITIES AVAILABLE

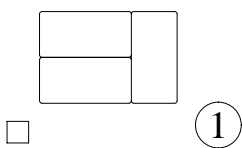
Plant Voltage	V	Hz	Ph	Compressed air available	PSI
Ceiling height	_____				

Door size through which Equipment must enter building _____

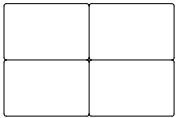
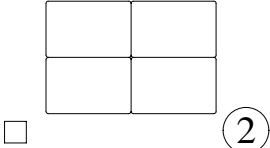
5215 - 52nd Street SE - Grand Rapids, MI 49512 - Tel (616) 942-6504

Fax (616) 942-8825 - E-mail: Mollersna@mollersna.com - Web Site: www.mollersna.com

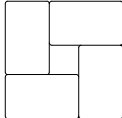
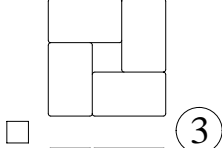
BAG PATTERNS SELECTION



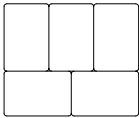
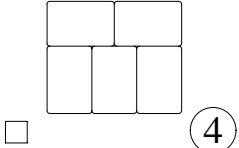
3/LAYER



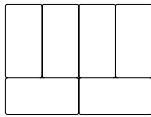
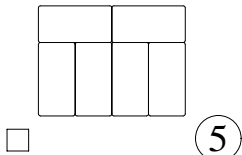
4/LAYER*



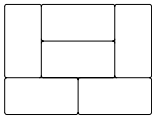
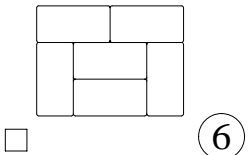
4/LAYER



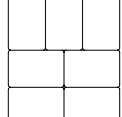
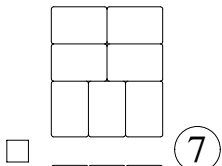
5/LAYER



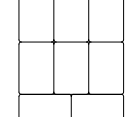
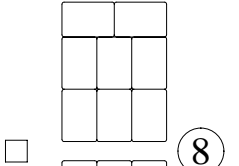
6/LAYER*



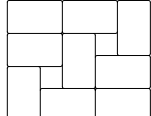
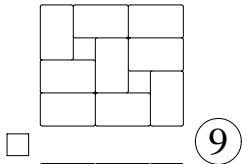
6/LAYER



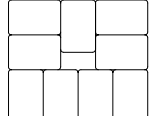
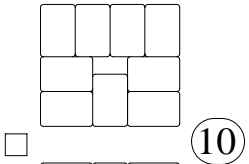
7/LAYER



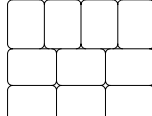
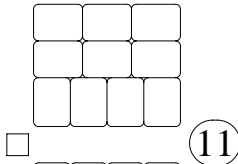
8/LAYER



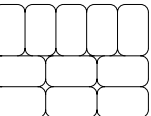
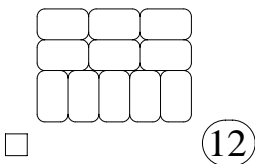
9/LAYER



9/LAYER



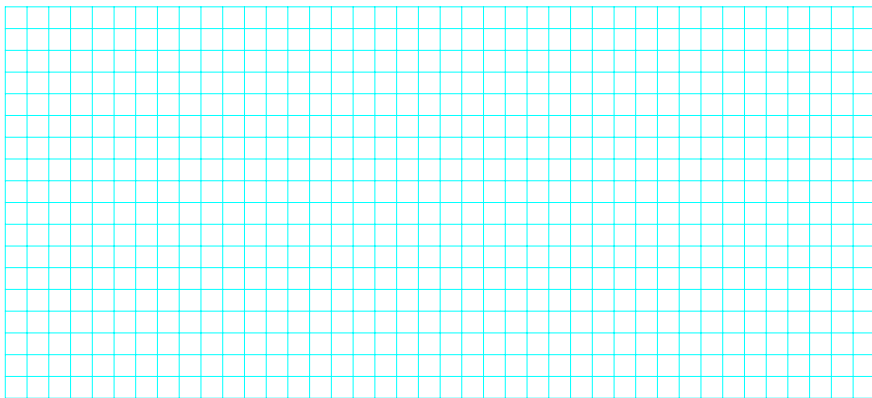
10/LAYER



11/LAYER

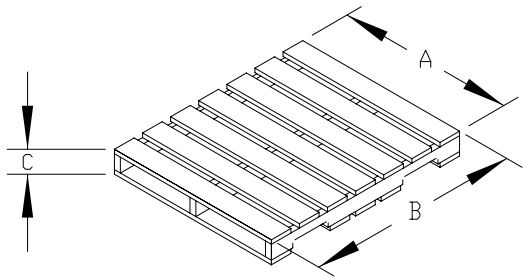
* NO INTERLOCKING

PLEASE SKETCH
OTHER PATTERNS



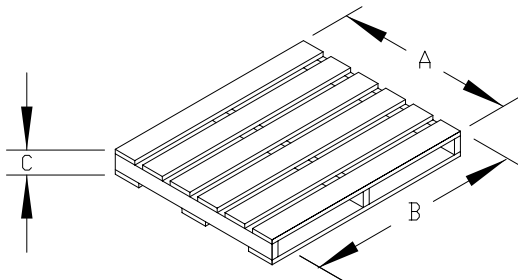
PALLET TYPE SELECTION

Type No. 1 (4 - way)



A _____
B _____
C _____

Type No. 2 (2 - way)



A _____
B _____
C _____

PLEASE SKETCH OTHER PALLETS WITH DIMENSIONS

NOTES _____

