



Rollstock Packaging

Questionnaire

If you do not know the answer to any questions below, please just put "uncertain."

BASIC INFORMATION

Company Name: _____

Contact Person: _____ **Phone:** _____ **Date:** _____

Please fill out the remainder of the form to the best of your ability.

BASIC QUESTIONS

1 What is the primary reason you are interested in purchasing a rollstock machine?

2 By what means are you currently packaging? If currently vacuum packaging, please specify the make and model of the equipment being used.

3 Which of the following describes your situation? (Please check all that apply)

- ☐ We already have a roll stock packaging machine but we... need another machine or would like to replace an existing machine.
- ☐ We're just starting to entertain the idea of purchasing a roll stock machine but haven't decided yet if it makes sense for us.
- ☐ We've always wanted a roll stock machine but could never justify the price of a new machine.
- ☐ We know what we want and we need it as soon as possible.
- ☐ We've avoided roll stock packaging because we don't have anyone to provide service.
- ☐ We want a machine but we're taking our time to find the perfect used machine.
- ☐ **Other:** _____

3 How quickly do you need a machine?

- ☐ 0-3 Months ☐ 4-6 Months ☐ 6-12 Months ☐ No Time Frame

4 What is the maximum machine length in which your facility can accommodate?



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PRODUCTS PACKAGED

Please fill out the chart below for every product that you plan to package via rollstock. List them in order of production volume.

PRODUCT	BONE IN?	FRESH/FROZEN?	MAX WIDTH	MAX LENGTH	MAX HEIGHT	QTY/PACKAGE
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				
	<input type="checkbox"/> YES	<input type="checkbox"/> FRESH				
	<input type="checkbox"/> NO	<input type="checkbox"/> FROZEN				

Please specify if you have any specific production requirements.