



# AUTOMATIC SPLICERS

## Request For Quotation

MAX. ROLL WIDTH \_\_\_\_\_ MAX. ROLL DIAMETER \_\_\_\_\_

MIN. ROLL WIDTH \_\_\_\_\_ CORE O.D. \_\_\_\_\_

MAX. ROLL WEIGHT \_\_\_\_\_ CORE I.D. \_\_\_\_\_

CORE TYPE (PAPER, METAL, PLASTIC, ETC.) \_\_\_\_\_

TYPE OF MATERIAL ON ROLL \_\_\_\_\_ (IF POSSIBLE FURNISH SMALL SAMPLE)

TYPE OF SPLICE:

\_\_\_\_\_ LAP SPLICE WITH TAPE \_\_\_\_\_ BUTT SPLICE WITH TAPE

\_\_\_\_\_ HEAT SEAL LAP SPLICE (THERMOPLASTIC MATERIALS)

\_\_\_\_\_ HEAT SEAL BUTT SPLICE (THERMOPLASTIC MATERIALS)

MACHINE/PROCESS IN WHICH SPLICER IS TO BE USED \_\_\_\_\_

UNWIND CHARACTERISTICS: \_\_\_\_\_ STEADY \_\_\_\_\_ INTERMITTENT

IF STEADY -WHAT IS MAXIMUM LINE SPEED? \_\_\_\_\_

IF INTERMITTENT - MAXIMUM LENGTH OF EACH PULL \_\_\_\_\_

MAXIMUM # OF PULLS/MIN. (OF LONGEST PULL) \_\_\_\_\_

WHAT PERCENTAGE OF THE CYCLE IS DWELL? \_\_\_\_\_

MIN. TOTAL WEB TENSION \_\_\_\_\_ MAX. TOTAL WEB TENSION \_\_\_\_\_

IF VARIOUS WEB WIDTHS ARE USED - IS THE MINIMUM TENSION APPLIED TO THE NARROWEST WEB, AND THE MAXIMUM TENSION APPLIED TO THE WIDEST WEB?

\_\_\_ YES \_\_\_ NO - EXPLAIN

DO YOU WANT A MANUAL LATERAL ADJUSTMENT FEATURE (+/- 1/2" TRAVEL)

IN THE ROLL SUPPORT SHAFTS? \_\_\_\_\_ YES \_\_\_\_\_ NO

GUIDE FLANGES REQUIRED TO HELP CONTROL TELESCOPING ROLLS

REAR GUIDE FLANGE \_\_\_\_\_ NO \_\_\_\_\_ YES (DIAMETER)

FRONT GUIDE FLANGE (REMOVABLE) \_\_\_\_\_ NO \_\_\_\_\_ YES (DIAMETER)

NARROWER WEBS RUN TO: \_\_\_\_\_ INNER EDGE \_\_\_\_\_ CENTERLINE

TYPE OF CONSTRUCTION PLATE MOUNTED \_\_\_\_\_ FREE STANDING \_\_\_\_\_

IS SPLICING OF PRINTED WEBS IN REGISTER REQUIRED? \_\_\_\_\_ NO \_\_\_\_\_ YES

REGISTRATION MARK LOCATION? \_\_\_\_\_ INNER EDGE \_\_\_\_\_ OUTER EDGE \_\_\_\_\_ OTHER \_\_\_\_\_

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IS AUTOMATIC WEB GUIDING REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_  
AVAILABLE FACTORY AIR PRESSURE \_\_\_\_\_  
WILL THE SPLICER REQUIRE WASH-DOWN CAPABILITIES? \_\_\_\_\_  
UNWIND ROTATION: \_\_\_\_\_ CLOCKWISE \_\_\_\_\_ COUNTER CLOCKWISE \_\_\_\_\_ BOTH WAYS  
WEB EXITS SPLICER TO THE \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ BOTH WAYS  
ELECTRICAL POWER AVAILABLE: VOLTAGE \_\_\_\_\_ PHASE \_\_\_\_\_ HERTZ \_\_\_\_\_

NAME &  
TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
STREET  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-  
MAIL: \_\_\_\_\_

PLEASE RETURN THIS FORM BY FAX OR MAIL TO:  
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