Tape Evaluation Form

Send a FULL ROLL of Tape material on the original core. If sending labels, we will need a minimum of 50 Labels on the original core.

Faster Service OUT Faster Service OUT Please Fill FILTH Please Fill FILTH Please Fill FILTH Please Fill FILTH For each Take Submitted Why fill this form out? START International will test your material for free and recommend the product that best fits your application. We don't just sell machines...

me:	Com	1pany:			
dress:	City	y: S	tate:	Zip:	Country:
el:	Email:				
roforr	ed Type of Equipment: (check all that apply)				
	Id like us to do testing on a specific machine, fill in here:				
1					
MACHINE 1	Electric Tape Dispenser Specialty Application	🔲 Non-Adh	esive Cu	tter	
MAC		Other:			
lease	Describe the Following: (if applicable)				
2	Required Cut Length(s) and Tolerance(s):				
APPLICATION					
PPLIC	Process being performed:				
	Present process time:		Desired I	rocess time:	
3	Type of Tape (material, width, manufacturer, part #):				
MATERIAL	Is the material spooled \Box or loose \Box . For spooled, what (Non-Adhesive Cutter Only)	is the weight of the	e spool ii	ncluding material?	
MA	What is the Thickness:	Does the tape	e have a	liner(Y/N)	
	If yes, dispense with liner on or off?				
4	Number of Pieces used Per Shift:		Per I	Day:	
4	Type of Environment used in:				
USAGE	Will the tape be exposed to any significant changes in temperature (Humid, dry, hot, cold)				
5	Please include other important application information:				
					(C
Dlo	ase COPY this form and mail				(2)
	ng with your sample material to:	* •	* * *	* * * * *	Steve S.
		PLEASE BE	SURE	TO SEND the	Sieve S.

complete assessment. Depending on the cut length, Start recommends a minimum of 20 feet of tape or 40 feet when liner needs to be removed.