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.

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... we offer solutions.”

START Int. Employee Assisting with Evaluation: ____________________________________________________________
Name: ________________________________________________________________________________________________
Company: ____________________________________________________________________________________________
Address: _____________________________________________________________________________________________
City: __________ State: _____ Zip: __________ Country: ______________________________________________________
Tel: _______________ Email: ____________________________________________________________________________

Preferred Type of Equipment: (check all that apply)
If you would like us to do testing on a specific machine, fill in here: ________________________________

1. [ ] Electric Tape Dispenser [ ] Specialty Application [ ] Non-Adhesive Cutter [ ] Other: ____________________

Please Describe the Following: (if applicable)

2. Required Cut Length(s) and Tolerance(s): _______________________________________________________________

3. Process being performed: _______________________________________________________________________

4. Present process time: __________________________ Desired Process time: ____________________________

5. Type of Tape (material, width, manufacturer, part #:) ________________________________

6. Is the material spooled [ ] or loose [ ]. For spooled, what is the weight of the spool including material? ______________

7. (Non-Adhesive Cutter Only)

8. What is the Thickness: __________________________ Does the tape have a liner(Y/N) __________________________

9. If yes, dispense with liner on or off? __________________________

10. Number of Pieces used Per Shift: __________________________ Per Day: __________________________

11. Type of Environment used in: ___________________________________________________________________

12. Will the tape be exposed to any significant changes in temperature (Humid, dry, hot, cold) __________________________

13. Please include other important application information: ______________________________________________________

Please COPY this form and mail along with your sample material to:

Attn. Technical Services
START International
4270 Airborn Drive
Addison, TX 75001
U.S.A.

Steve S.

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PLEASE BE SURE TO SEND the EXACT TAPE used for Start to provide a 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.