

# Material Evaluation Form

Contact Rocket Industrial and provide sample material (minimum 15ft.)

**Why fill this form out?** Rocket Industrial will test your material for free and recommend the product that best fits your application. We don't just sell machines... we offer solutions."

Employee Assisting with Evaluation: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ 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

MACHINE

☐ Electric Tape Dispenser

☐ Electric Label Dispenser

☐ Non-Adhesive Cutter

☐ Specialty Application

☐ Bottle Labeler

☐ Other: \_\_\_\_\_

## Please Describe the Following: (if applicable)

2

APPLICATION

Required Cut Length(s) and Tolerance(s): \_\_\_\_\_  
(Tape Dispenser and Non-Adhesive Cutter Only)

Process being performed: \_\_\_\_\_

Present process time: \_\_\_\_\_ Desired Process time: \_\_\_\_\_

3

MATERIAL

Type of Tape (material, width, brand): \_\_\_\_\_

Type of Label / Die-Cut Part (material, size, brand): \_\_\_\_\_

Is the material spooled ☐ or loose ☐. For spooled, what is the weight of the spool including material? \_\_\_\_\_  
(Non-Adhesive Cutter Only)

Diameter of Bundle (TDWW only): \_\_\_\_\_

4

USAGE

Number of Pieces used Per Shift: \_\_\_\_\_ Per Day: \_\_\_\_\_

Type of Environment used in: \_\_\_\_\_

Please include other important application information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Rocket Industrial, we will work with you to begin testing your sample material.\***

**\*Minimum of 15ft. of material required for testing.**

**www.rocketindustrial.com**

**800.826.4405**