

Date: _____

Specification Sheet
Stack Press - Inline Press

Company: _____ Contact: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____
Plant Location: _____

Requirements:

Web Width: _____ inches – Maximum.
Printing Width: _____ inches – Maximum.
of Colors _____ Reverse Print (Stack Press Only): _____.
Print Repeat: _____ Minimum, _____ Maximum.
Web Feed: _____ right or left hand.
Material to be printed: _____ thickness or weight.
Speed Required: _____ FPM. Voltage: _____.
Ink: Water or Solvent Base - _____ Coverage _____%.
Pitch of Gearing: 10DP or 1/4CP.
Plate Cylinders: _____.
Type of Plates: _____ (Photo Polymer or Rubber).
Ambient Temperature: _____, Altitude: _____.
Drying: - _____ (Gas or Electric).
Drive Motor: _____
Anilox Rolls: Screen - _____, Volume - _____,
Coating - _____ (Chrome, Ceramic),
Engraving - _____ (Mechanical, Laser).
Special Rubber Required: _____
Incline with: _____
(customer supplied - unwinder, rewinder, extruder, bag machine, die cutter, etc.)
Options: (if required circle) – Doctor Blade System, Ink Pumps, Dancer, Remote Register Control.