



<b>CONTACT</b>	Company Name:	Date:
	Contact Name:	E-Mail:
	Address:	
<b>END SEAL INFO</b>	Is your current seal purchased from OEM? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Is your current seal working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
	Current end seal issues: <input type="checkbox"/> Leaking <input type="checkbox"/> Deforming doctor blade <input type="checkbox"/> Breaking down in ink <input type="checkbox"/> Wear on anilox <input type="checkbox"/> Other	
	Describe Other:	
	If you are replacing a current end seal, what key factors are you looking for in a new seal from APR?	
	<input type="checkbox"/> Longevity of end seal <input type="checkbox"/> Lower pricing <input type="checkbox"/> Higher run speeds <input type="checkbox"/> Other	
	Define Other:	
	What is your current monthly use of end seals (approximately):	
	Do you have a CAD drawing or PDF file of your end seal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what format:	
	End Seal Notes:	
<b>EQUIPMENT INFO</b>	What is the press manufacturer?	
	<input type="checkbox"/> BOBST <input type="checkbox"/> W&H <input type="checkbox"/> PCMC <input type="checkbox"/> GALLUS <input type="checkbox"/> UTECO <input type="checkbox"/> BIELLONI <input type="checkbox"/> KIDDER <input type="checkbox"/> CMF <input type="checkbox"/> ETI <input type="checkbox"/> WOLVERINE <input type="checkbox"/> OTHER	
	Define Other:	
	Ink Chamber (if other than OEM):	
	Anilox Diameter:	
	Ink Type: <input type="checkbox"/> Solvent <input type="checkbox"/> Water <input type="checkbox"/> UV Ink	
	Equipment Notes:	
<b>MATERIAL</b>	Please select which material the end seal should be sampled in:	
	<input type="checkbox"/> Foam <input type="checkbox"/> Felt <input type="checkbox"/> Rubber <input type="checkbox"/> Duro	
	Material Notes:	
<b>NOTES</b>	Additional Notes:	