

QUESTIONNAIRE

Thanks for your inquiry. Please fill out this form in order to offer you the suitable model.

We are sure to offer our best service and two-way communication as well.

ITEM	SPECIFICATION	PLEASE SELECT	REMARK
1	NUMBER OF PRINTING COLORS	1 2 4 6 8	
2	IN-LINE OR OFF-LINE	IN-LINE OFF-LINE	
3	STANDARD TYPE OR DOCTOR BLADE TYPE	STANDARD TYPE DOCTOR BLADE TYPE	
4	KIND OF MATERIAL FILM		
5	REPEAT LENGTH RANGE		
6	THICKNESS OF MATERIAL FILM		
7	ONE SIDE PRINTING OR TWO SIDE PRINTING	ONE SIDE PRINTING TWO SIDE PRINTING	
8	REQUIRED MAX. PRINTING SPEED (M/min)	80 120 150 200 300	
9	MAX. WIDTH OF MATERIAL FILM (mm)	600 800 1000 1250 1500 1600 below	
10	MAX. DIAMETER OF MATERIAL FILM (mm)	φ600 φ800 φ1000 φ1200 below	
11	REQUIRED PRINTING QUALITY		
12	PURPOSE OF END PRODOCT		
13	WHAT'S YOU BUDGET		

Please specify in case of specially required specification.

For your more information about our machinery, please visit to our website as below.