REM
Webex Slitter/Rewinders

SUBMIT

APPLICATION DATA SHEET

Date: _____

Contact: _____ Title: _____

Company: _____ E-mail address:_____

Address #1:_____ Address #2:_____

City: _____ State: _____ Zip code: _____

Phone #: _____ Cell Phone #: _____ Fax #: _____

SLITTING REWINDING SPECIFICATIONS

	Material Type	Thickness	Web Tension	Web Speed	Roll Weight
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____

Unwind:

Style: ☐Shafted or ☐Shaftless ☐Roll Pick Up ☐Turret

Roll Weight: _____lbs Maximum Diameter:_____in.

Core type(s):_____

ID:_____in. OD:_____in. Min Length:_____in. Max Length:_____in.

Tension Control: ☐Manual or ☐Automatic

Edge Guide: ☐Manual or ☐Automatic

Slitting Types(s):

☐Razor
- ☐in-air (nest roll)
- ☐with grooved roll

☐Score
- ☐ single dovetail
- ☐ double dovetail

☐Shear
- ☐ tangential
- ☐ wrap

Slit Width(s): Minimum:_____in. Maximum:_____in.

Rewind Section:

☐Simplex ☐Duplex ☐Turret ☐Unknown

Rewind Diameter: Max:_____in. Min:_____in.

Rewind Tension: Max:_____ Min:_____ ☐Unknwon

Winding Method(s): ☐Differential ☐Locked Core ☐Fixed Center ☐Minimum Gap ☐Center-Surface ☐Surface ☐Unknown

	Rewind Core Type(s)	ID	OD
#1	_____	_____in.	_____in.
#2	_____	_____in.	_____in.
#3	_____	_____in.	_____in.

COMMENT:

ACTION REQUIRED: ☐contact me ☐need budgetary proposal ☐need formal proposal

***** *When complete, click* **SUBMIT** *at top of page* ***** *When complete, click* **SUBMIT** *at top of page* *****