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## Bag-In-Box Filler Initial Questionnaire

1. Type of application: (check one)     Non-Aseptic     Aseptic
2. What type of machine operation is required:     Semi-Automatic     Full Automatic
3. What size bag(s) will be filled: \_\_\_\_\_
4. What is the required production rate (number of bags per hour): \_\_\_\_\_
5. What is the product(s) to be filled: \_\_\_\_\_
6. What is the product temperature at filling: \_\_\_\_\_  °F or  °C
7. What is the product(s) viscosity at filling: \_\_\_\_\_
8. Describe product:(s) (check one)     Liquid     Slurry     Paste
9. Does the product contain particulates:  Yes     No    if so what size: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_