



## **Quotation for cast film extrusion**

Company:

Contact:

Address:

City:

Country:

Telephone:

Fax:

E-Mail:

1. Material to be extruded. For co-extrusions please list exterior film.

Material to be extruded	Film thickness in $\mu\text{m}$

2. Type and make of extruder:
3. Slip additives level (in ppm):
4. Maximum treat width (in mm):
5. Segmented electrodes for varying treat widths?  YES  NO
6. Maximum operational extruding speed (in m/min):
7. How many sides to be treated (One, two or one and the other):
8. Level of treatment required (in dynes):
9. Is there a requirement to guarantee no backside treatment?  YES  NO
10. Three phase voltage and frequency: