



50 Schoolhouse Road
 Somerset, NJ 08873-1289
 Phone: 732-564-0400
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REQUEST FOR QUOTATION FORM

DATE: _____ AGENT: _____
 COMPANY: _____ CONTACT: _____
 ADDRESS: _____ PHONE: _____
 _____ FAX: _____

Circle All That Apply: Washing Filling Stoppering Capping Tablet Counting
 Tray Loading Other: _____

Recommended Machine(s): _____

Product Description and Type: _____
 (Pharmaceutical, Chemical, Cosmetic)

Is it: aqueous? _____ viscous? _____ stringy? _____ other? _____

Fill Accuracy Desired: _____
 Method Desired: Automatic Semi-Automatic Other: _____
 Machine Type: Sanitary Non-Sanitary Other: _____
 Room Environment: Class? _____

Container Description and Type: _____
 (Glass, Plastic, etc)

	# 1	# 2	# 3	# 4	# 5	# 6
Volume:	_____	_____	_____	_____	_____	_____
OD (mm):	_____	_____	_____	_____	_____	_____
Neck Size (mm):	_____	_____	_____	_____	_____	_____
Height:	_____	_____	_____	_____	_____	_____
Speeds:	_____	_____	_____	_____	_____	_____

Stopper or Plug Description: _____
 (Natural rubber, siliconized, butyl, etc)

	# 1	# 2	# 3	# 4	# 5	# 6
Sizes (mm):	_____	_____	_____	_____	_____	_____
Full or Partial:	_____	_____	_____	_____	_____	_____

Cap Description: _____
 (Aluminum, screw cap, etc)

	# 1	# 2	# 3	# 4	# 5	# 6
	_____	_____	_____	_____	_____	_____



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Sizes (mm): _____

Electricity

Volt: _____ Hertz: _____ Phase: _____ Explosion Proof? _____

NOTE: Product and container samples are needed for a firm quotation.

Miscellaneous Information:

Comments or Special Requests (attach additional sheet(s), if necessary):