

Technical Questionnaire

This questionnaire will assist you in planning the implementation of a bar code reading system. (Please copy the form as required)

Date: _____
 Customer Name: _____
 Phone: _____

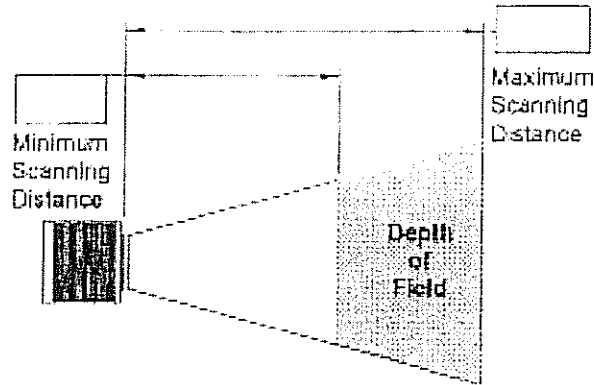
Company: _____
 Address: _____
 Fax: _____

Branch: _____
 City: _____ State: _____ Zip: _____

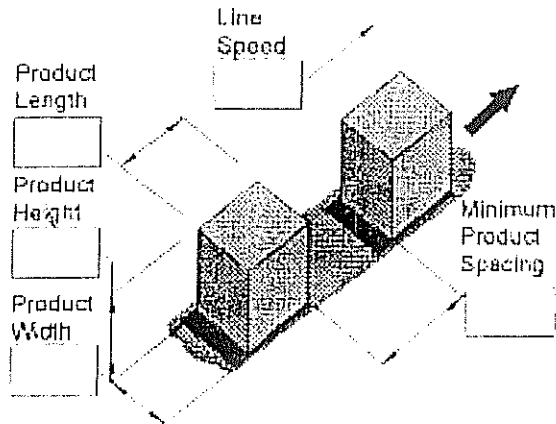
APPLICATION NOTES


Description: _____

BAR CODE READING SYSTEM REQUIREMENTS

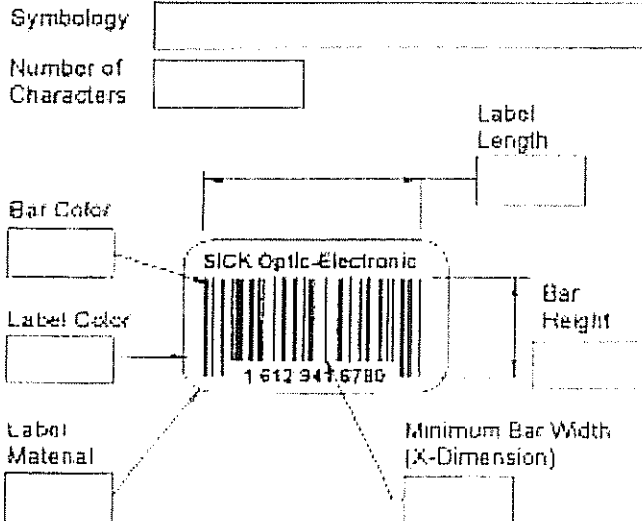


TRANSPORTATION AND CONVEYOR SYSTEM

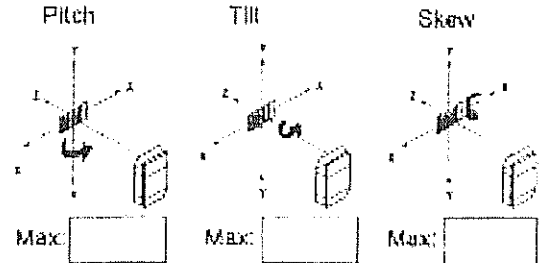
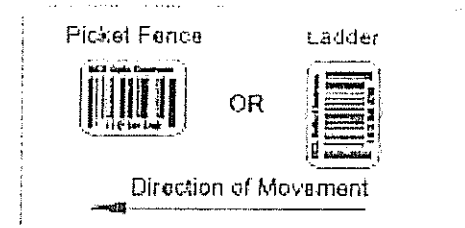


Mark Label Position on Boxes 
 Number of Bar Codes Per Reading Gate

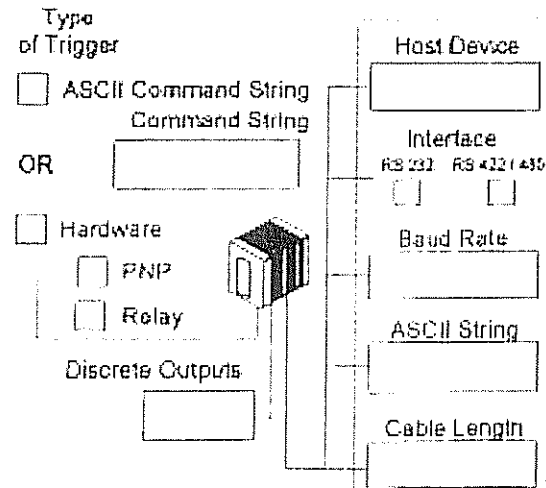
BAR CODE LABEL SPECIFICATIONS



LABEL ORIENTATION



INTERFACE



Automatic Identification Systems



Fax Number: (612) 941-9287