



16150 So. Maple Ave., Unit B, Gardena, CA 90248 U.S.A.
 (310) 715-6574 (OFFICE) - (310) 715-2384 (FAX)

Heat Transfer Machine Quotation Form

REQUEST DATE: _____

SHIP TO

PURCHASE ORDER # _____

Original purchase order form on your company letterhead required for verification purposes.

SOLD TO

SHIPPING INSTRUCTIONS

(Contact) _____

(Tel. #) _____

EX-WORKS: Altana Machine Builders, Inc.
 16150 So. Maple Ave., Unit B
 Gardena, CA 90248 U.S.A.

QUANTITY	MACHINE VERSION	PRESSER HEAD	VOLTAGE
<input style="width: 50px; height: 50px;" type="text"/>	ARM 40 <input type="radio"/> ARM 50 <input type="radio"/> ARM 60 <input type="radio"/> ARM 80 <input type="radio"/> ADCM 40 <input type="radio"/> ADCM 60 <input type="radio"/>	FULL SIZE <input type="radio"/> CUSTOM SHAPE <input type="radio"/>	110 VOLT <input type="radio"/> 220 VOLT <input type="radio"/>
OPTIONS		NOTES	
LASER <input type="radio"/> COUNTER <input type="radio"/> SPRING CLIPS <input type="radio"/> GARMENT DECK <input type="radio"/> AUTOMATIC PICK & FEED <input type="radio"/> DIE CUT MODULE		_____ _____ _____	

QUANTITY	MACHINE VERSION	PRESSER HEAD	VOLTAGE
<input style="width: 50px; height: 50px;" type="text"/>	Rotary Unit <input type="radio"/> Side X Side Unit <input type="radio"/> T-Shirt Press <input type="radio"/> CUSTOM MACHINE REQUEST <input type="radio"/>	FULL SIZE <input type="radio"/> CUSTOM SHAPE <input type="radio"/>	110 VOLT <input type="radio"/> 220 VOLT <input type="radio"/>
OPTIONS		NOTES	
LASER <input type="radio"/> COUNTER <input type="radio"/>		_____ _____ _____	

NOTE: ARTWORK OR EXACT LABEL DIMENSIONS REQUIRED FOR CUSTOM SHAPED PRESSER HEAD.