

AAA PRESS INTERNATIONAL, INC. PRESS LISTING FORM

(Fill out form and return. Use the tab key to move from field to field. Use the spacebar/mouse to put a check in the appropriate box when needed.)					
COMPANY INFORMATION					
Name:			Title:		
Company:			Street Address:		
City:		State:		Zip:	Country:
Phone:		Fax:		Email:	
PRINTING PRESS SPECIFICATIONS					
Year:	Manufacturer:		Model:		Serial No.:
# of Colors:	Web Width:	Gearing:	Print Repeat:	Last Service Date:	
# of Rotary Screens:		Rotary Screen Manufacturer:			# of Chill Rolls:
Auto Throws/Constant Turn Anilox: <input type="checkbox"/> Yes <input type="checkbox"/> No		Quick Change Anilox: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Quick Change Anilox Assemblies:	
Dr. Blade Assembly: <input type="checkbox"/> Yes <input type="checkbox"/> No			# of Quick Change Dr. Blade Assemblies:		
WEBTRON PRESSES ONLY – ALL OTHERS CONTINUE BELOW THIS SECTION					
Webtron 4-Way Heads: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of 4-Way Heads:		Webtron 2-Way Heads: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of 2-Way Heads:
Webtron OBS: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Webtron OBS:		Webtron Mini OBS: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Webtron Mini OBS:
ALL PRESSES - PLEASE COMPLETE THE FOLLOWING					
# of Product Rewinds:		Rewind Diameter:		# of Waste Rewinds:	
# of Unwinds:		Unwind Diameter:		# of Die Stations:	Die Repeat Length:
Sheeting Station: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Removable Base Rolls:		Underscoring Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Laminators:
# of Edge Guides:			Edge Guide Type (select): <input type="checkbox"/> Electronic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Air		
# of Turn Bars:			Stacker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Single Lamp UV Units:		# of Double Lamp UV Units:		Watts/Inch:	UV Manufacturer:
# of Auto Registration Units:		# of 360° Registration Units:		# of Motorized Registration Units:	
Video Web Inspection System: <input type="checkbox"/> Yes <input type="checkbox"/> No			Video Web Manufacturer:		
# of Strobe Lights:			Strobe Light Manufacturer:		
Web Cleaning Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No			Web Cleaning System Manufacturer:		
Cold Foil Stamping: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hot Foil Stamping: <input type="checkbox"/> Yes <input type="checkbox"/> No		Foil Stamping Manufacturer:	
M/F Rotary Punch Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No		M/R Rotary Punch Manufacturer:		Number of Meter Hours:	
Anilox Rolls: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Ceramic Rolls:		# of Chrome Rolls:	
Plate Cylinders: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Plate Cylinders:		Manuals available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can be seen in operation: <input type="checkbox"/> Yes <input type="checkbox"/> No		Power Requirements: /V /PH /Hz /amps			
Paid New: \$		Asking Price: \$		<input type="checkbox"/> EFMV <input type="checkbox"/> TIV	Make Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please include any additional information in this space (the more complete the information, the more appealing the listing):					

Please return the completed form. Email pictures of the equipment in jpeg format to equipment@aaapress.com. Multiple pictures would be appreciated.

Signature or TYPE NAME (if completing electronically)

Date

Print Name