



Post Office Box 32 • Fremont, Ohio 43420 • Phone (419) 332-6451
FAX (419) 332-8800

Date: _____

Company: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

Re: Sample

We appreciate this opportunity to work with you concerning your dispensing requirements.

Sample and technical information is essential for Lab Testing prior to Machine Manufacture.

Please forward a 5 gallon pail of your sample _____ along

Product Being Dispensed

with the following information to **Christy Machine Company, 118 Birchard Avenue, Fremont, OH 43420, USA.**

Conveyor Speed _____

Rate of Deposit _____

Width of Deposit _____

Product Being Applied To _____

Dimension: (ie. cookie,
Pie, tray, pan, etc.) _____

Stop/Start Per Minute _____

If Applicable

Power Requirements (115VAC Standard) _____

Upon completion of the test, a DVD will be sent to you for your review. There is no charge for this service, but we ask that it be returned for your file. If you have any questions, please feel free to give us a call. Our e-mail address: cmcl@cfros.net

Yours for Better Dispensing,
CHRISTY MACHINE COMPANY

Randy L. Fielding

Randy L. Fielding
President