

118 Birchard Avenue
Post Office Box 39
Fremont, Ohio 43420
www.christymachine.com



Phone: 419-332-6451
Fax: 419-332-8800
Email: cmc1@cros.net

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 forwarded for your review. There is no charge for this service. If you have any questions, please feel free to give us a call. Our e-mail address: cmc1@cros.net

Yours for Better Dispensing,
CHRISTY MACHINE COMPANY

Alexander Robinson

Alexander Robinson
President