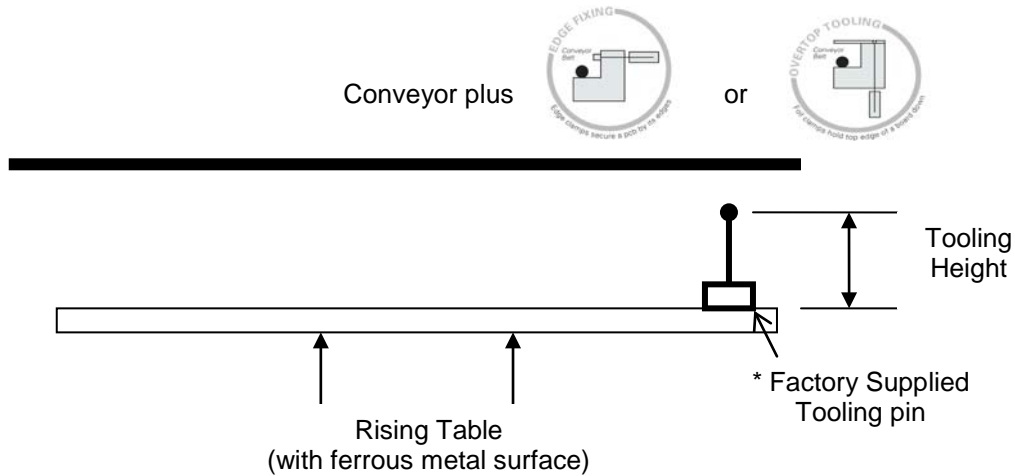


## VacuNest Questionnaire

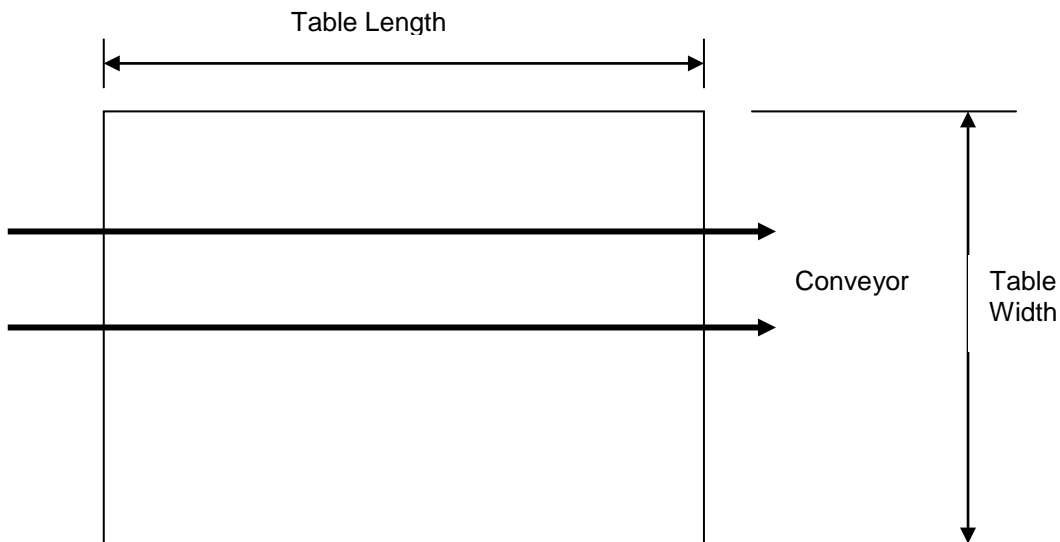
**Machine Type:** [ Printer / Placement / Dispenser ]

**Manufacturer** ..... **Model** .....  
 [VacuNest Tooling requires a Rising Table and either edge or foil board clamps]



**Confirm:**  
 1) Tooling Height .....mm

**Check:** a) Rising Table b) Ferrous surface (Magnetic tooling)



**Confirm:**  
 1) Table Length .....mm  
 2) Table Width .....mm

➔ Send the request to: [info@rc-ab.se](mailto:info@rc-ab.se)