



Your single source provider for...

- Material Handling Equipment
- Systems Integration
- Conveying Systems
- Ergonomic Equipment
- Electrical Controls
- Engineering
- Steel Fabrication
- Installation

REQUEST FOR QUOTE FORM:

RFQ #: _____ RFQ DATE: _____
 PROJECT NAME: _____ QUOTE DUE DATE: _____
 _____ DESIRED DELIVERY DATE: _____
 COMPANY NAME: _____
 ADDRESS: _____
 CONTACT NAME: _____
 EMAIL: _____ CELL #: _____
 PHONE #: _____ FAX #: _____
 SALES REP: _____ ESTIMATED BY: _____

A HOW LIFT IS USED: _____
P _____
P _____
L _____
I _____
C _____
A _____
T _____
I _____
O _____
N _____

PRODUCT SPECIFICATIONS - TYPE OF PRODUCT TO BE HANDLED

<input type="checkbox"/> CARTONS	<input type="checkbox"/> WOOD BOXES	<input type="checkbox"/> TOTE PANS
<input type="checkbox"/> BASKETS	<input type="checkbox"/> PLASTIC PALLETS	<input type="checkbox"/> WOOD PALLETS
<input type="checkbox"/> PAPER ROLLS	<input type="checkbox"/> CLOTH ROLLS	<input type="checkbox"/> BAGS
<input type="checkbox"/> CRATES	<input type="checkbox"/> DRUMS	<input type="checkbox"/> BUNDLES
<input type="checkbox"/> OTHER: _____		

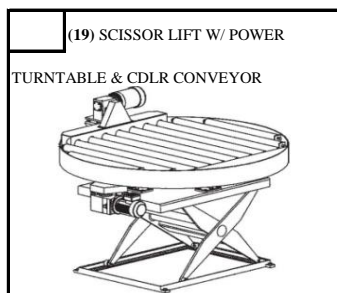
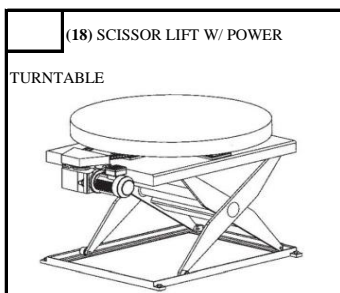
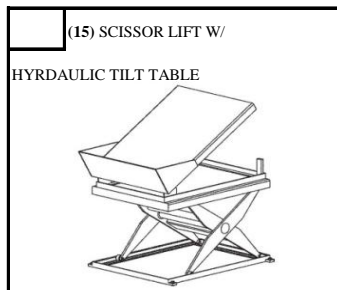
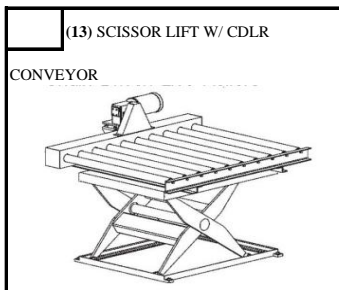
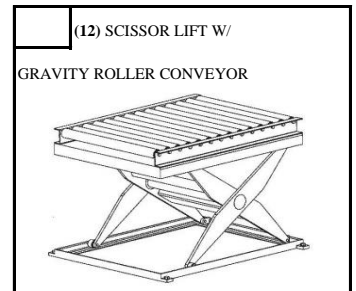
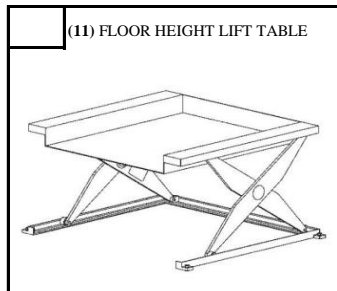
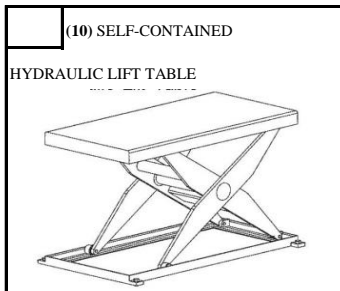
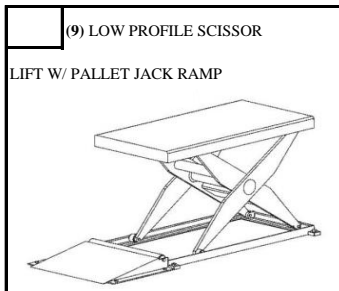
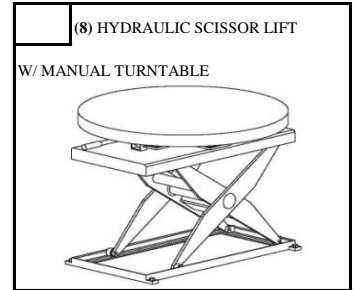
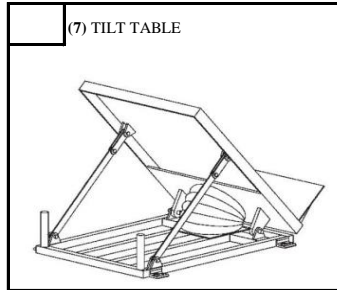
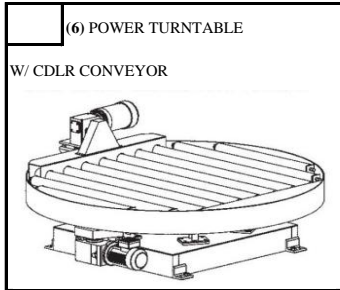
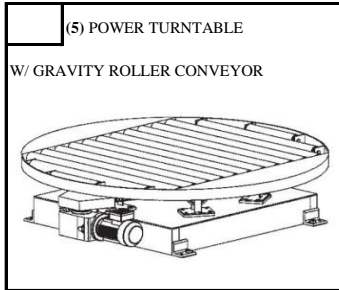
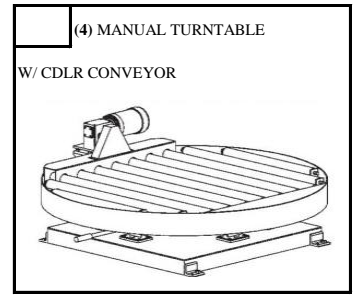
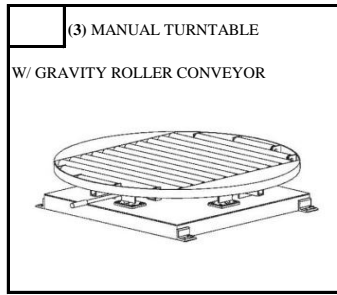
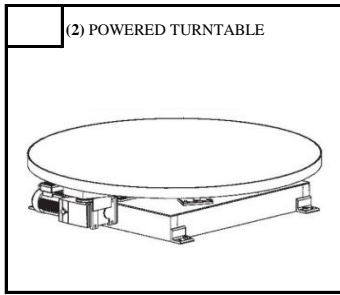
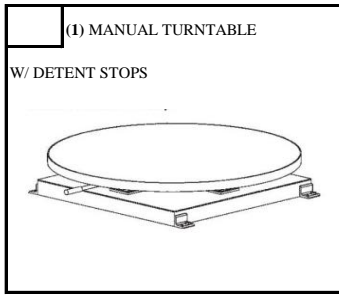
DIMENSIONS OF PRODUCT TO BE HANDLED

	LENGTH	WIDTH	HEIGHT	WEIGHT
MINIMUM:				
AVERAGE:				
MAXIMUM:				
PALLETIZED:	YES	NO	WRAPPED:	YES NO
PRODUCT DWG:	YES	NO	PRODUCT SAMPLES:	YES NO
CYCLE TIME:				

MATERIAL HANDLING RECOMMENDATIONS

<input type="checkbox"/> LIFT TABLE	<input type="checkbox"/> GRAVITY CONVEYOR DECK	<input type="checkbox"/> ELECTRIC / HYDRAULIC
<input type="checkbox"/> TILT TABLE	<input type="checkbox"/> CDLR CONVEYOR DECK	<input type="checkbox"/> PNEUMATIC
<input type="checkbox"/> MANUAL TURNTABLE	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> POWERED TURNTABLE		

MARK THE STYLE REQUIRED BELOW:



REQUESTED SPECIFICATIONS

PLATFORM SIZE: _____ **TRAVEL TIME UP:** _____ **DOWN:** _____
LOWERED HEIGHT: _____ **VERTICAL TRAVEL:** _____ **RAISED HEIGHT:** _____
HOW IS LIFT LOADED: _____ **END:** **SIDE:** **RAISED OR LOWERED**
HOW OFF LOADED: _____ **END:** **SIDE:** **RAISED OR LOWERED**
LOADED EVENLY? **YES** **NO - THEN HOW?** _____
JOGS PER CYCLE _____ **CYCLES PER HOUR** _____ **HOURS PER DAY** _____ **DAYS PER WEEK** _____

B	<input type="checkbox"/> FLOOR MOUNT	<input type="checkbox"/> PIT MOUNT (BEVELED TOE GUARDS REQUIRED)	<input type="checkbox"/> TAPESWITCH
A	<input type="checkbox"/> BEVEL TOE GUARD (REQUIRES OVERSIZE PLATFORM)		
S	<input type="checkbox"/> PORTABLE - HOW? _____		<input type="checkbox"/> OTHER: _____
E	<input type="checkbox"/> BELLOW SKIRTING (REQUIRES OVERSIZE PLATFORM)		

P	<input type="checkbox"/> SMOOTH DECK	<input type="checkbox"/> TILT TOP? DEGREE	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 90
L	<input type="checkbox"/> DIAMOND PLATE	<input type="checkbox"/> OTHER: _____			
A	<input type="checkbox"/> PALLET RESTRAINTS - WHERE? _____				
T	<input type="checkbox"/> TURNTABLE - SIZE? _____	<input type="checkbox"/> MANUAL	<input type="checkbox"/> POWERED		
F	<input type="checkbox"/> GRAVITY ROLLER CONVEYOR _____				
O	<input type="checkbox"/> CDLR CONVEYOR _____				
R					
M					

E	HYDRAULIC POWER UNIT:	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	<input type="checkbox"/> NONE
L	HYDRAULIC HOSE LENGTH: _____			
E				
C	PRIMARY VOLTAGE:	<input type="checkbox"/> 115V/1PH/60HZ	<input type="checkbox"/> 230V/3PH/60HZ	<input type="checkbox"/> 460V/3PH/60HZ
T	SECONDARY VOLTAGE:	<input type="checkbox"/> 115V/1PH/60HZ	<input type="checkbox"/> 24VDC	
R	POWER CORD LENGTH: _____			
I				
C	LIMIT SWITCH:	<input type="checkbox"/> UP	<input type="checkbox"/> DOWN	<input type="checkbox"/> PROXIMITY SWITCH ROTATION
A	NEMA CLASSIFICATION: _____			
L				
S	<input type="checkbox"/> MOTOR STARTER / TRANSFORMER (FOR 3 PHASE)	<input type="checkbox"/> NONE		
P	<u>MISC. ELECTRICAL CONTROLS</u>			
E				
C				
S				

M	PAINT COLOR: _____
I	SPECIAL NOTES: _____
S	_____
C	_____
	REQUEST FOR FIELD INSTALLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO

O	INQUIRY QUANTITY: _____
R	IS THIS A FUNDED PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO
D	EXPECTED ORDER DATE: _____
E	DELIVERY REQUIREMENT: _____
R	_____
	OTHER SALES INFORMATION: _____

