

Date

Name

Company

Address

City  State  Zip Code

Country

Email

*Please provide a description of the application.*

How many units are required?

How many cycles per day?

What is the weight of the load?

How will the lift be loaded/unloaded?

Platform Dimensions:

Width (A):

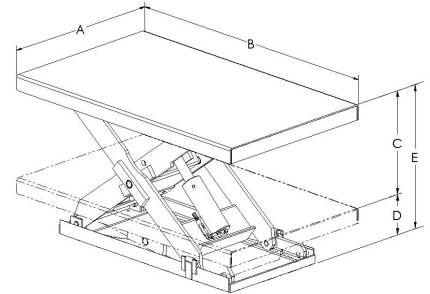
Length (B):

Travel Requirements:

Vertical Travel (C):

Lowered Height (D):

Raised Height (E):



How will the lift be mounted?

What power is available to operate lift?

What type of controls are required?

What type of control enclosure?

Will there be any options added to the Platform?

Please select all that apply.

<input type="checkbox"/> Turntable
<input type="checkbox"/> Accordian Skirt
<input type="checkbox"/> Conveyor
<input type="checkbox"/> Handrails
<input type="checkbox"/> Throwover Bridge
<input type="checkbox"/> Special Configuration
<input type="checkbox"/> Shuttle Deck
<input type="checkbox"/> "V" Deck
<input type="checkbox"/> Bevel Toe Guard
<input type="checkbox"/> Four-Way Non-Skid Tread Plate
<input type="checkbox"/> Other

Describe

For further assistance with your application requirements call Autoquip Sales at 1-888-811-9876.