

Application Analysis Form

REQUIRED INFORMATION
All information provided is used for quoting purposes only and is considered proprietary and confidential.

Company: _____

Address: _____

Tel: _____

Contact: _____

Fax: _____

E-mail: _____

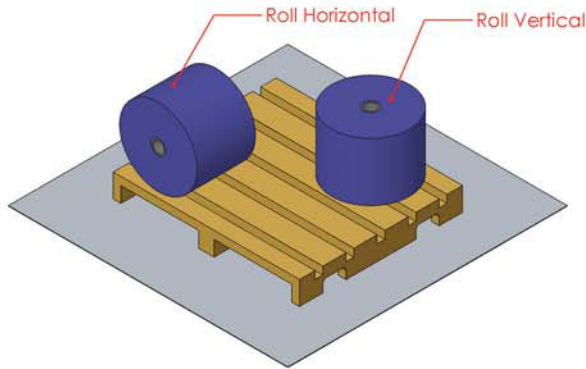
Equipment Category Hoist Based Equipment : [___] / Floor Based Equipment: [___]

Application Requirements

Lift Only: Horizontal: [___] / Vertical: [___]

Lift & Rotate: [___]

Roll Orientation Description



Roll Specs.:

Max. Weight: _____

Max. Roll Width: _____

Min. Roll Width: _____

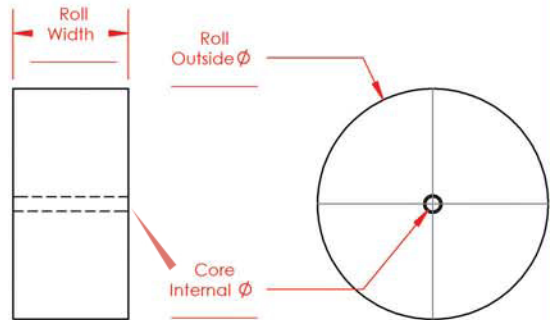
Max. Roll Diameter: _____

Rolled Material: _____

Core Size(s): _____

Core Material: _____

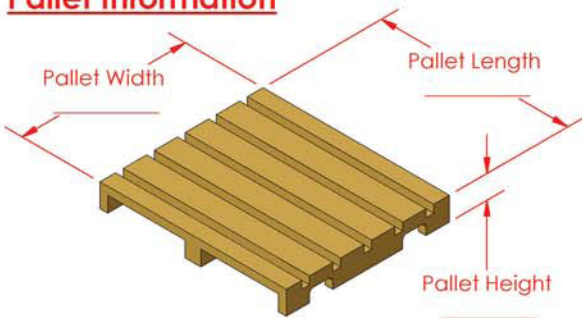
Roll Dimension Description



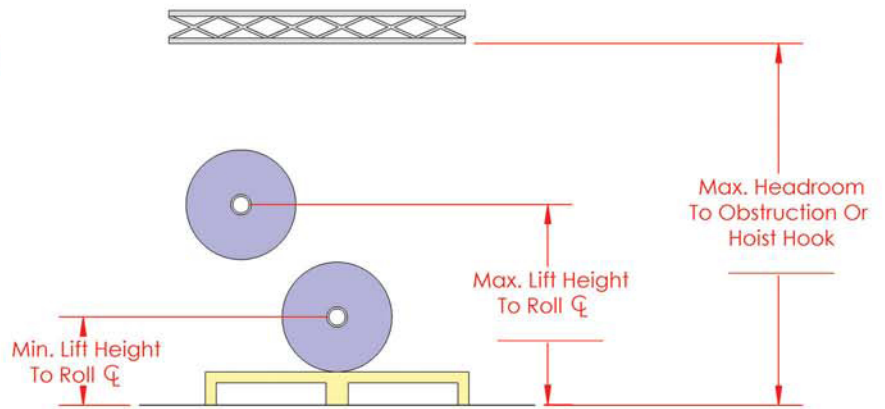
Description of Application: (Ex. Lift roll vertically from pallet rotate to horizontal and place on table.)

Sketch:

Pallet Information



Lift Requirements



Distributor: _____

Location: _____

Completed By: _____

Date: _____

Quote#: _____