

TELL US WHAT YOU NEED AND WE'LL MAKE THE SKIP TO FIT!



FOR A FREE ESTIMATE, PLEASE FILL IN THE FORM BELOW AND RETURN IT TO US.

Company :

Contact/Name :

Address :

Post code : City :

Tel. : Fax : E-mail :

Sphere of activity :

YOUR TECHNICAL REQUIREMENTS

Type of products handled :

Estimated load :

FINISH : Painted galvanized Stainless steel Food-safe paint

TYPE : Pedestal-mounted model Castor-mounted model 2 fixed + 2 pivoting 4 pivoting
Forward movement Lateral movement

For use with : Forklift Stacker

Tipping system : Manual Hydraulic

QUANTITY :

DESIRED OPTIONS AND/OR COMMENTS :

DIMENSIONS REQUIRED

A (overall depth) :

or

B (interior depth) :

C (overall width) :

or

I (interior width)) :

D (overall height) :

F (fork sleeves spacing) :

Dimensions of your forks : X

