

# TELL US YOUR TECHNICAL REQUIREMENTS AND WE WILL MAKE YOUR EQUIPMENT TO MEASURE !



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

Company : .....

Contact/Name : .....

Address : .....

Post code : ..... City : .....

Tel : ..... E-mail : .....

## YOUR TECHNICAL REQUIREMENTS

Type of products handled : .....

Estimated load : .....

FINISH : Painted  Galvanized  Stainless steel  Food-safe paint  Leak proof bin  Other

TYPE : Pedestal-mounted model  Castor-mounted model  Forward movement  Lateral movement

For use with : Forklift  Stacker  Rotative head  Crane  Other

Emptying by : Tipping  Opening  Hopper  Other

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 .....

