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## Carton Clamp Questionnaire

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#### **REQUESTOR INFORMATION :**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Fax No: \_\_\_\_\_

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A) WHAT IS IT'S APPLICATION?

\_\_\_\_\_

B) WHAT ARE THE PRODUCTS THAT WILL BE HANDLED?

\_\_\_\_\_

1) MINIMUM HEIGHT : \_\_\_\_\_ MAXIMUM HEIGHT : \_\_\_\_\_

2) MINIMUM LENGTH : \_\_\_\_\_ MAXIMUM LENGTH : \_\_\_\_\_

3) MINIMUM WIDTH : \_\_\_\_\_ MAXIMUM WIDTH : \_\_\_\_\_

4) MINIMUM WEIGHT : \_\_\_\_\_ MAXIMUMM WEIGHT : \_\_\_\_\_

C) WILL SIDESHIFTING BE REQUIRED? YES  NO

D) PLEASE SPECIFY MAKE AND MODEL OF TRUCK TO BE CONSIDERED.

\_\_\_\_\_

E) TYPE OF CARRIAGE ON TRUCK

\_\_\_\_\_

F) WHEN DO YOU REQUIRE THE CLAMP?

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