

Sales Application Questionnaire



Paper Roll Clamp

REQUESTOR INFORMATION :

Name: _____ Tel: _____
Company Name: _____ Fax No: _____

1) DESCRIPTION OF PAPER ROLLS

- A) KIND OF PAPER (KRAFT, NEWSPRINT, CLAYCOATED, ETC.) _____
B) LOAD WRAPPED OR UNWRAPPED _____
C) TYPE OF WRAPPING _____
D) NO. OF ROLLS TO BE HANDLED AT A TIME _____
E) MINIMUM / MAXIMUM ATTRIBUTES OF ROLLS:

	<u>Minimum</u>		<u>Maximum</u>
DIAMETER	_____	/	_____
HEIGHT	_____	/	_____
WEIGHT	_____	/	_____
CORE	_____	/	_____

2) OPERATION USE

- A) UNIT TO BE USED IN CONTAINERS? YES / NO *please circle
B) HOW WILL LOAD BE PICKED UP? HORIZONTAL / VERTICAL / BOTH *please circle
C) HOW HIGH WILL LOADS BE STACKED? _____
E) ANY OTHER USES? _____

3) MAKE AND MODEL OF TRUCK TO BE CONSIDERED

4) TYPE OF CARRIAGE ON TRUCK

5) REQUIRED DATE?
