



REQUESTOR INFORMATION :

Name : _____
Company : _____

Tel : _____
Fax : _____

A) WHAT CLAMP TYPE ARE YOU LOOKING FOR?

SIDESHIFTING

NON-SIDESHIFTING

REVOLVING

B) WHAT IS IT'S APPLICATION?

C) WHAT ARE THE PRODUCTS TO BE HANDLED?

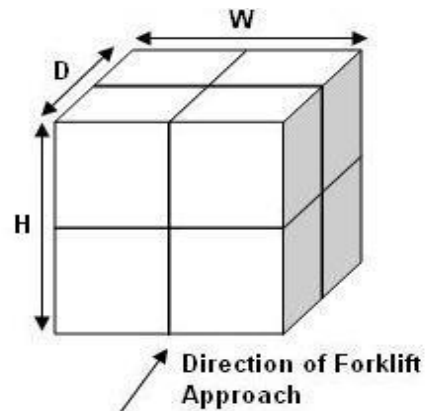
D) LOAD DIMENSIONS

INDIVIDUAL CARTON

WIDTH : _____
HEIGHT : _____
DEPTH : _____
WEIGHT : _____

UNIT LOAD

WIDTH : _____
HEIGHT : _____
DEPTH : _____
WEIGHT : _____



E) FORKLIFT DETAILS

FORKLIFT BRAND : _____
FORKLIFT MODEL : _____
FORKLIFT CAPACITY : _____
LIFTING HEIGHT : _____

Thank you for your enquiry! Please return fax to (065) 6863 1368