



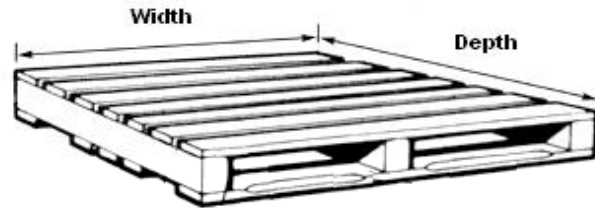
REQUESTOR INFORMATION :

Name : _____
Company : _____

Tel : _____
Fax : _____

A) WHAT ARE THE VARIOUS PALLET DIMENSIONS TO BE HANDLED?

- 1) WIDTH : _____
DEPT : _____
WEIGHT : _____
- 2) WIDTH : _____
DEPT : _____
WEIGHT : _____
- 3) WIDTH : _____
DEPT : _____
WEIGHT : _____
- 4) WIDTH : _____
DEPT : _____
WEIGHT : _____



B) IS SIDESHIFTING FUNCTION REQUIRED?

YES NO

D) FORKLIFT DETAILS

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

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