

# Request for Quotation

Fax to: (757) 898-1580

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

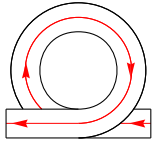
Phone: \_\_\_\_\_

\_\_\_\_\_

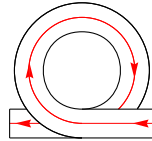
Fax: \_\_\_\_\_

Requested by: \_\_\_\_\_

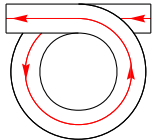
E-mail: \_\_\_\_\_



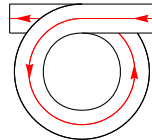
Type A-1  
Elevate  
Clockwise



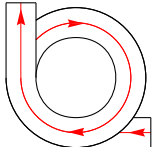
Type A-2  
Descend  
Clockwise



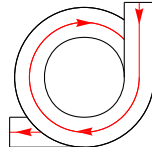
Type A-3  
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Counter-  
Clockwise



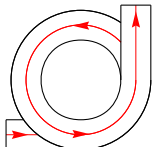
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Counter-  
Clockwise



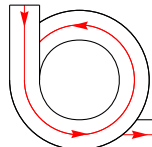
Type B-1  
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Clockwise



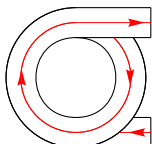
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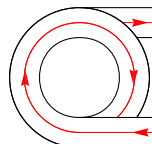
Type B-3  
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Counter-  
Clockwise



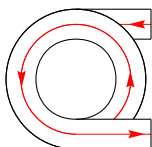
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Counter-  
Clockwise



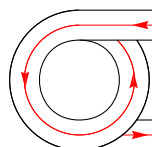
Type C-1  
Elevate  
Clockwise



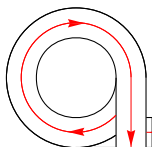
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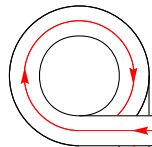
Type C-3  
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Counter-  
Clockwise



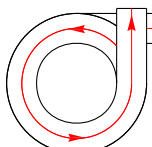
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Clockwise



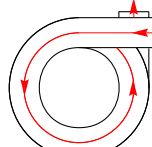
Type D-1  
Elevate  
Clockwise



Type D-2  
Descend  
Clockwise



Type D-3  
Elevate  
Counter-  
Clockwise



Type D-4  
Descend  
Counter-  
Clockwise

Product to be Handled: \_\_\_\_\_

Length: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Width: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Height: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Weight: \_\_\_\_\_ Min. \_\_\_\_\_ Max.

Infeed Height: \_\_\_\_\_

Outfeed Height: \_\_\_\_\_

Elevation Change: \_\_\_\_\_

Direction:  Up  Down

Type/Model: \_\_\_\_\_

Products/Minute: \_\_\_\_\_

Conveyor Speed: \_\_\_\_\_

Power Supply: \_\_\_\_\_

Finish: \_\_\_\_\_

Special Requests: \_\_\_\_\_

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