



SELECTIVE RACK QUOTE REQUEST

TIME-LINE

Date Submitted: _____

CONTACT INFORMATION

Dealer Info

End-User / Ship To *

Company: _____
 Street: _____
 City, ST: _____
 Zip: _____
 Contact Name: _____
 Phone: _____
 Email: _____

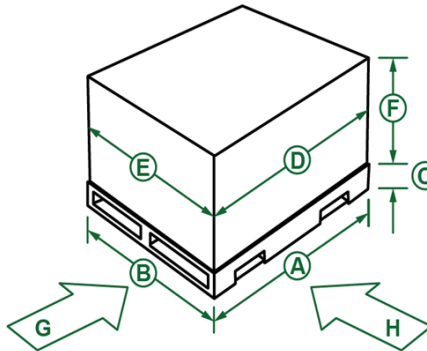
Company: _____
 Street: _____
 City, ST: _____
 Zip: _____
 Contact Name: _____
 Phone: _____
 Email: _____



* End User/Ship To must be completed in order to process this Quote Request.

PALLET & LOAD INFORMATION

Pallet Length (A): _____
 Pallet Width (B): _____
 Pallet Height (C): _____
 Max Load Length (D): _____
 Max Load Width (E): _____
 Max Load Height (F): _____
 Pallet + Load Height (C + F): _____
 Pallet + Load Weight: _____
 Minimum _____
 Maximum _____
 Average _____



Select Pallet Type (Bottom View)

GMA
 9 Point
 Block
 Slave
 Single Face
 OTHER: Send picture or drawing

Pallet Loading Direction: G or H

FACILITY INFORMATION

Building Type? New Existing
 Building Size Width: _____ Length: _____
 Building Column Size Outside Dimensions: _____ Column Centers: _____
 Storage Conditions? Dry Cooler Freezer
 Clear Room Height: _____ Column Bumper: _____
 Other Obstructions: _____
 Storage Temperature: _____ Special Conditions (i.e. Sloped Floor) _____

