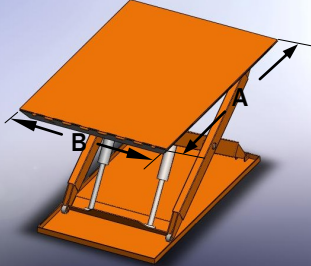
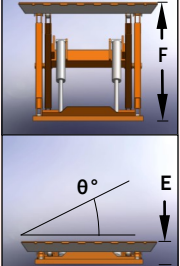
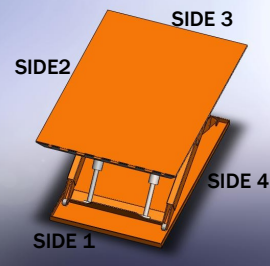


HYDRAULIC LIFT TABLE INQUIRY FORM

Date:	Contact	
Tel. No.	Fax:	E-mail:
Customer:	Request to have Sales Tech call	Contact:

DESCRIPTION OF OPERATION

Type of Lift: Work Platform	Work Positioner	Tilt Top	Loading Dock
Type of Installation: Floor Mount	Pit Mount	Portable: Type P1 P2 P3	
Capacity:	DEGREE OF TILT _____ (θ)		

	DECK SIZE DIM A _____ DIM B _____		HEIGHT RAISED (F) _____ LOWERED (E) _____		SIDE OPT.

LIFT SPEED _____ NO. OF CYCLES/MINUTE _____ POWER SUPPLY _____ (v) _____ (A)

CONTROLS: _____

SPECIAL OPTIONS: (I.E. INTERNAL POWER PACK, GUARD RAILS, LIPS, TILT TOP, please indicate side 1, side 2, etc.)

CURTAINS: INDICATE SIDE 1 SIDE 2 SIDE 3 SIDE 4

BELLOWS: INDICATE SIDE 1 SIDE 2 SIDE 3 SIDE 4

ELECTRIC BARS: INDICATE SIDE 1 SIDE 2 SIDE 3 SIDE 4

SKIRTS: INDICATE SIDE 1 SIDE 2 SIDE 3 SIDE 4

