

Inquiry Date: _____ Due Date _____

Contact: _____

Company: _____

Phone: _____

Fax: _____

E-mail: _____

Ergo-Handle Cart Survey Sheet

PLATFORM SIZE

Not Critical

Overall Width: _____

Overall Length: _____

Usable Width: _____

Usable Length: _____

Type of Flooring: _____

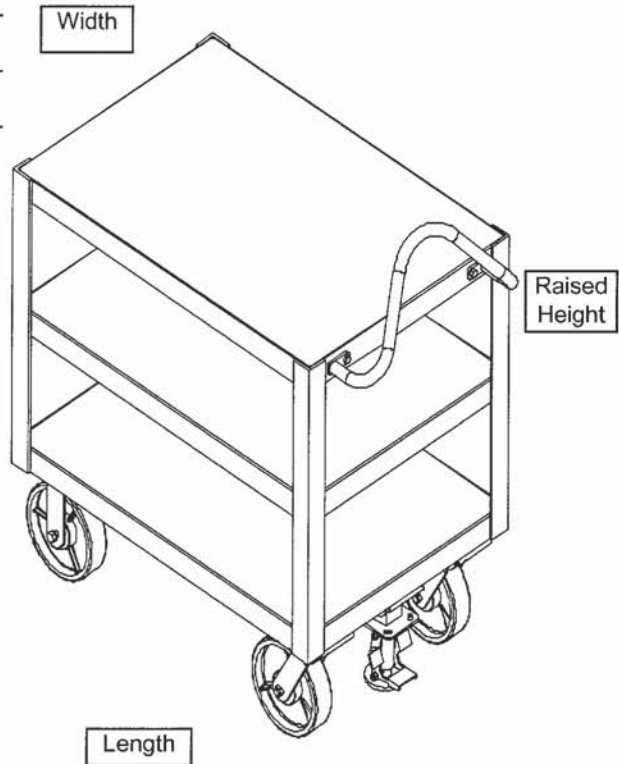
of Shelves: _____

Caster Type: _____

Ground Clearance: _____

Shelf Clearance: _____

Capacity: _____



BASE WIDTH

Width: _____

Length: _____

Load Size: _____

Travel: _____

Table Cap.: _____

PRODUCT INFORMATION

Container / Product type: _____ Basket / Pallet / Gaylord / Skid

Other: _____

Product Size: _____

Length: _____

Width: _____

Height: _____

Options:

_____ Handrails _____ Special Color _____ List Color

Other: _____

Application Information:

Duty Cycle (High cycle?): _____

Number of shifts: _____

Side Loading: _____

Special Loading and Unloading requirements: _____

Additional Notes: