

Knock-down Steel Gantry Crane Survey Sheet -AHSN

Inquiry Date: _____ Due Date: _____

Contact: _____

Company: _____

Phone: _____

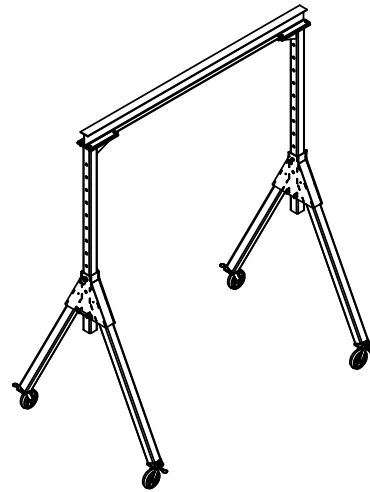
Fax: _____

E-mail: _____

Base Model (if known): _____

Capacity: _____

Beam Length: _____



Overall Height Clearance: _____

Overall Work Envelope: _____

_____ **Portable:** Caster Type: _____ Standard _____ Other

_____ **Stationary:** Floor Mount: _____

Loading Application: _____

Options:

_____ Trolley: _____ Manual _____ Geared
 _____ Hoist: _____ Manual _____ Electric: (1 ϕ OR 3 ϕ)
 _____ Festoon Kit _____ V-Track (10' LG)
 _____ Power Traction Drive
 _____ Come-Along Kit

Additional Notes: _____

Quote options:

_____ Exactly as specified _____ Cheapest / Closest to Vestil standard

_____ Quickest to ship

Requested Delivery Date: _____

*All options may not be available on all models

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