

PAIL HAND TRUCK -PAIL-T

Inquiry Date: _____ Due Date: _____

Contact: _____

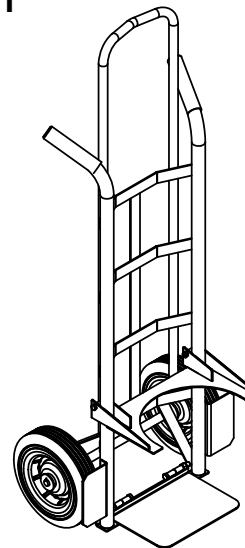
Company: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS ORDER NUMBER OR
QUOTE NUMBER, IF APPLICABLE:



NOSE PLATE SIZE

Usable Width: _____

Usable Depth: _____

Not Critical

Cart Requirements:

Wheel Size: _____

Wheel Material: _____

Deck Material: _____

Not Critical

PRODUCT INFO

Load / Product type:
Basket / Pallet / Gaylord / Skid
Other: _____

Product Size:

Length: _____

Width: _____

Height: _____

Does container have feet? _____

Does container have drop sides? _____

Yes / No

Application / Loading Info:

Application Information:

Number of shifts: _____

Special Temperature requirements: _____

Side Loading: _____

Special Loading and Unloading Requirements: _____

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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