

**CANTILEVER QUOTATION
REQUEST FORM**

DATE:

SPACE



43 Regan Road
Brampton, Ontario
L7A 1B2
Phone: 905.840.5550
Fax: 905.840.5560

MANUFACTURING

CUSTOMER NAME:

ADDRESS:

CITY:

PROVINCE:

PHONE:

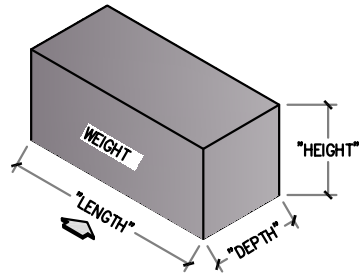
FAX:

LOCATION OF INSTALL:

DISTRIBUTOR:

SALES REP.:

PHONE/EMAIL:



PRODUCT TO BE STORED: _____
 PRODUCT LENGTH: _____ WEIGHT PER LIFT: _____ LBS.
 PRODUCT DEPTH: _____ QUANTITY OF LIFTS PER LEVEL: _____
 PRODUCT HEIGHT: _____ IS THE PRODUCT SKIDDED Y / N: _____

- APPLICATION:
- INDOOR OUTDOOR
- FOUNDATION:
- CONCRETE
- OTHER: _____
- STORAGE:
- RAW MATERIAL FINISHED GOODS

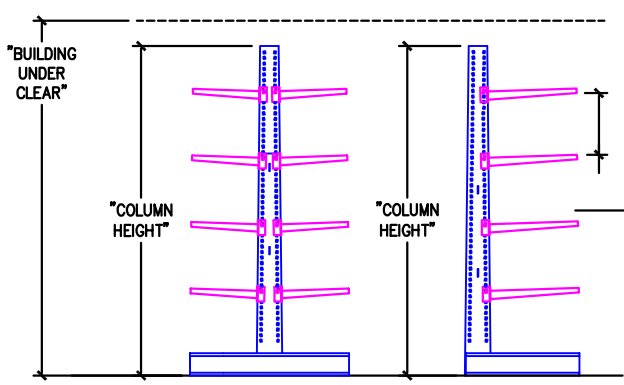
ADDITIONAL NOTES: _____

- ARM LENGTH: _____
- NO STOP FLAT PLATE
- PIPE & SOCKET WEDGE STOP
- PIPE & SOCKET ON BASE

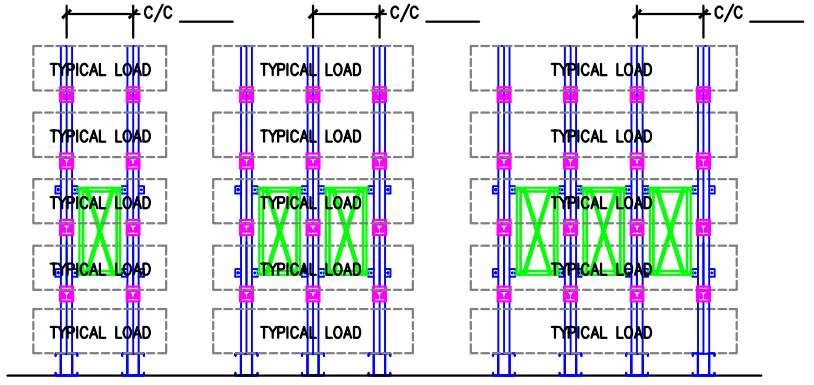
ARM LENGTH: _____

QUANTITY OF ARMS
REQUIRED PER SIDE: _____

COLUMN HEIGHT: _____



- BUILDING UNDER CLEAR: _____
- DOUBLE SIDED SINGLE SIDED
- LOAD ON BASE



- 1 BAY 2 BAYS 3 BAYS _____ BAYS
- _____ QUANTITY OF UNITS REQUIRED