

**PALLET RACKING QUOTATION  
REQUEST FORM**

DATE:

CUSTOMER  
NAME:

ADDRESS:

PHONE:

CITY:

PROVINCE:

FAX:

LOCATION  
OF INSTALL:

DISTRIBUTOR:

SALES  
REP.:

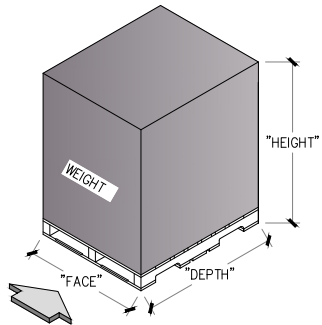
PHONE/  
EMAIL:

**SPACE**



**MANUFACTURING**

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



PRODUCT TO BE STORED: \_\_\_\_\_

PRODUCT FACE: \_\_\_\_\_ WEIGHT PER PALLET: \_\_\_\_\_ LBS.

PRODUCT DEPTH: \_\_\_\_\_ QUANTITY OF PALLETS PER LEVEL: \_\_\_\_\_

PRODUCT HEIGHT: \_\_\_\_\_ HAND LOADED OR  
EQUIPMENT LOADED: \_\_\_\_\_

TYPE OF LIFT EQUIPMENT: \_\_\_\_\_

**APPLICATION:**

- ☐ INDOOR  
☐ OUTDOOR

**FOUNDATION:**

- ☐ CONCRETE  
☐ OTHER: \_\_\_\_\_

**STORAGE:**

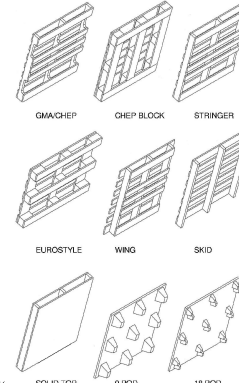
- ☐ RAW MATERIAL  
☐ FINISHED GOODS

**ACCESSORIES:**

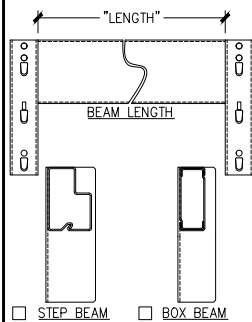
- ☐ SAFETY BARS (CLIP OVER)  
☐ SAFETY BARS (LOCK-IN)  
☐ WIRE MESH DECKS (WATERFALL)  
☐ WIRE MESH DECK (IN-STEP)  
☐ FORK SPACERS  
☐ SKID CHANNELS  
☐ DRUM CRADLES  
☐ STEEL DECK  
☐ POST PROTECTION  
☐ FRAME PROTECTION

NOTE: ON THE  
CHART PLEASE  
INDICATE  
PICKING FACE  
WITH AN ARROW

\*\*IF PALLET IS  
STEEL, PLASTIC  
OR OTHER  
PLEASE PROVIDE  
SKETCH  
AND INDICATE  
PICKING FACE



ADDITIONAL NOTES: \_\_\_\_\_



BEAM LENGTH: \_\_\_\_\_

FRAME HEIGHT: \_\_\_\_\_

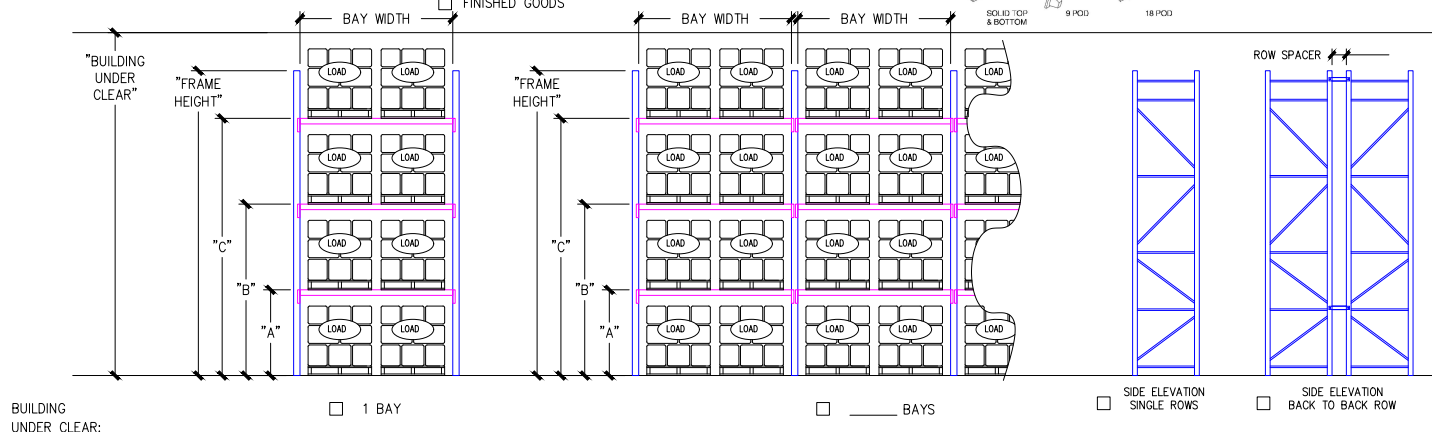
QUANTITY OF  
BEAM LEVELS  
REQUIRED PER BAY: \_\_\_\_\_

ELEVATIONS:

A: \_\_\_\_\_ B: \_\_\_\_\_

C: \_\_\_\_\_ D: \_\_\_\_\_

E: \_\_\_\_\_ F: \_\_\_\_\_



☐ 1 BAY

☐ \_\_\_\_\_ BAYS

☐ SIDE ELEVATION  
SINGLE ROWS

☐ SIDE ELEVATION  
BACK TO BACK ROW

\_\_\_\_\_ QUANTITY OF ROWS REQUIRED