## **Drum Handling RFQ**



Save your form and email it to your sales representative or info@liftsafegroup.com or print and fax it to 519-896-2085

<b>Quotation Type</b>		Budgeta	Budgetary (project Funding)		Firm (funded project)	
Customer Information						
Company Name						
Street Address			Province	;		
City			Postal C	ode		
Contact Name			Phone			
E-Mail			Cell			
Drum Specifications						
Outside Diameter	Minimu	m N	laximum			
Height	Minimu	m N	laximum			
Weight	Minimu	m N	laximum			
Drum Type						
Configuration						$r \vdash l$ .
Equipment Usage	Hourly (	Cycles	Shifts per Day			
Requirements	Environment			Lifter	Finish	0
Equipment Type	Hoist & Crane Based Portable Floor Ba			loor Based S	tationary Other	
Lifting Specifications						
Width	Length	Height	Pour Angle	Hopper	Ceiling	Door
in	in	in		in	in	in

**Notes** 

A Division of Liftsafe Group of Companies

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