

DRUM HANDLING RFQ

PRINT

CLEAR



LIFTSAFE

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

QUOTATION TYPE

Budgetary (project funding)

Firm (funded project)

CUSTOMER INFORMATION

Company Name		Province	
Street Address		Postal Code	
City		Phone	
Contact Name		Cell	
E-Mail			

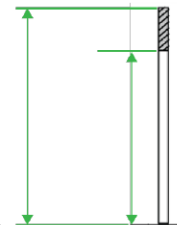
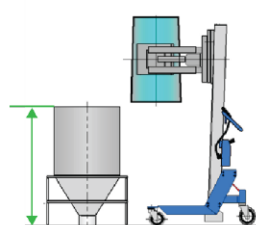
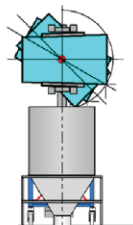
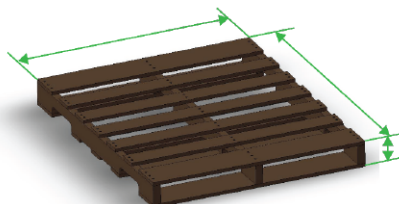
DRUM SPECIFICATIONS

Outside Diameter		Minimum		Maximum		
Height		Minimum		Maximum		
Weight		Minimum		Maximum		
Drum Type						
Configuration						
Equipment Usage		Hourly Cycles		Shifts per Day		
Requirements		Environment		Lifter Finish		
Equipment Type		Hoist & Crane Based	Portable Floor Based	Stationary	Other	



LIFTING SPECIFICATIONS

Width	Length	Height	Pour Angle	Hopper	Ceiling	Door
in	in	in		in	in	in



NOTES



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