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<b>QUOTATION TYPE</b>	Budgetary (project funding)	Firm (funded project)	<b>DATE</b>
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**CUSTOMER INFORMATION**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

**PROJECT INFORMATION**

What are we picking up? \_\_\_\_\_

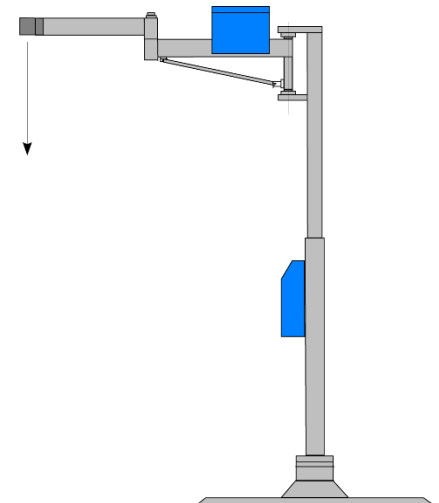
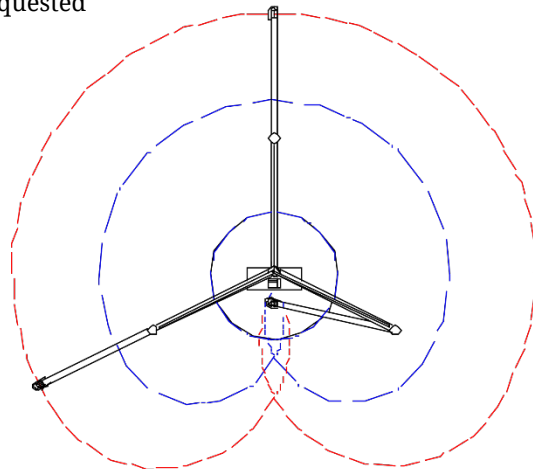
What is the lifting surface like, i.e. smooth, rough, porous, etc.? \_\_\_\_\_

Length	Minimum	Maximum
Width	Minimum	Maximum
Height	Minimum	Maximum
Weight	Minimum	Maximum
Type of Lift Required	Operational Method	



**NOTES**

Maximum Swing Arm Length Requested



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