Knock-down Steel Gantry Crane Survey Sheet - AHSN

Inquiry Date: ______ Due Date: ______
Contact: ____________________________
Company: ___________________________
Phone: ________________________________
Fax: ___________________________________
E-mail: ________________________________

Base Model (if known): ________________

Capacity: ________________
Beam Length: _________________________

Overall Height Clearance: __________________________________________
Overall Work Envelope: ________________________________________

_____ Portable: Caster Type: ______ Standard ______ Other

_____ Stationary: Floor Mount: ______

Loading Application: ____________________________________________

Options:
_____ Trolley: Manual Geared
_____ Hoist: Manual Electric: (1 φ OR 3 φ)
_____ Festoon Kit: V-Track (10’ LG)
_____ Power Traction Drive
_____ Come-Along Kit

Additional Notes: ________________________________________________

Quote options:
_____ Exactly as specified
_____ Cheapest / Closest to Vestil standard
_____ Quickest to ship

Requested Delivery Date: ____________

*All options may not be available on all models