

Cross-Over Ladder Survey Sheet- COL

PREVIOUS ORDER NUMBER OR QUOTE NUMBER, IF APPLICABLE:

Inquiry Date: _____ Due Date: _____

Contact: _____

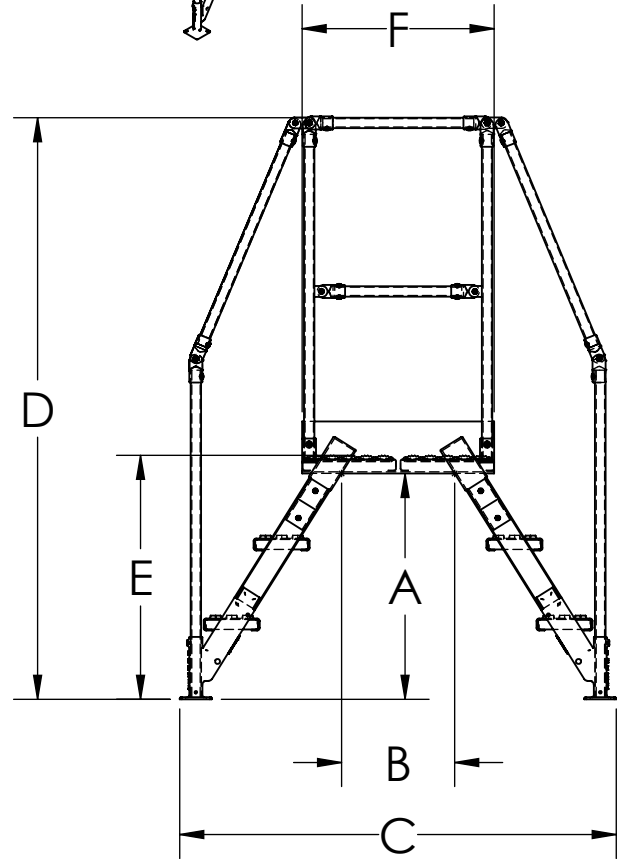
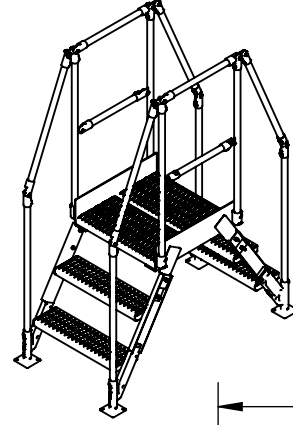
Company: _____

Phone: _____

Fax: _____

E-mail: _____

Base Model (if known): _____



Ladder Size

A(Maximum Height Clearance) _____

B(Maximum Width Clearance) _____

C(Overall Ladder Length) _____

D(Overall Ladder Height) _____

E(Top Step Height, Typically A+2") _____

F(Platform Length) _____

Application: _____

Additional Notes: _____

Application Information:

Special Temperature requirements: _____

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

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