

CUSTOMER INFORMATION

CONTACT: _____
 COMPANY: _____
 PHONE: _____
 EMAIL: _____

TABLE SPECIFICATIONS

MODEL NUMBER: _____
 DECK SIZE (W x L): _____
 RAISED HEIGHT: _____
 LOWERED HEIGHT: _____
 TRAVEL: _____
 CAPACITY: _____

OPTIONS (CHECK ALL THAT APPLY)

- _____ CHAIN GATES
- _____ HANDRAILS W/ TOEBOARDS
- _____ BRIDGE PLATE W/ CURBS
- _____ CONVEYOR ROLLER DIAMETER & CENTERS
- _____ ROTATE OPTION _____ BALL TRANSFER TOP (CTRS.)
(2,000 LB. MAX. CAPACITY)
- _____ ACCORDIAN SKIRTING _____ MANUAL TURNTABLE
- _____ SURFACE MOUNT _____ FORK POCKET SUBFRAME
- _____ PIT MOUNT _____ SCALE - CAPACITY / SIZE (NTEP NOT AVAILABLE)
- _____ PORTABLE (PST - 12V DC STANDARD)
- _____ POWER TRACTION DRIVE SYSTEM (PTDS - 24V DC)
- _____ SEMI-PORTABLE
- _____ INTERNATIONAL SHIPPING, ISBM-15 CRATE

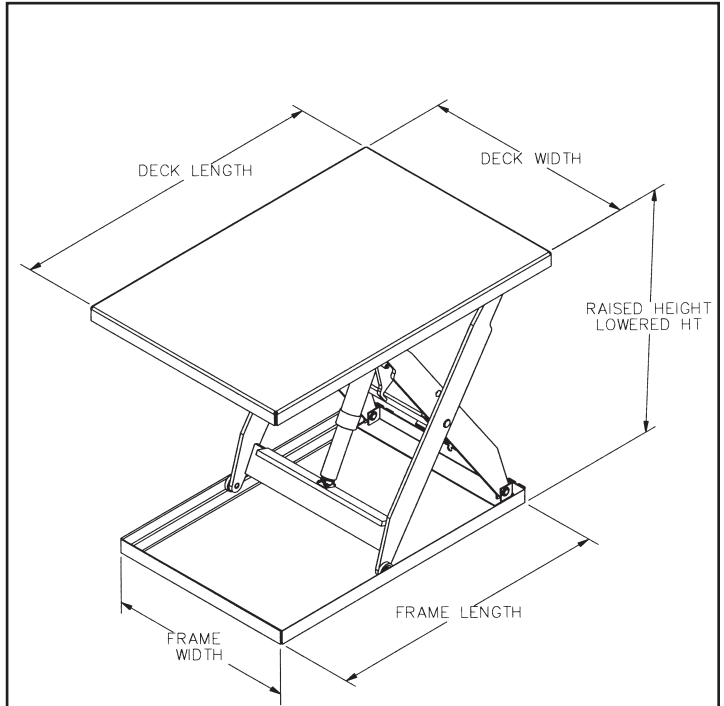
POWER (460V, 3 PHASE STANDARD) IF CUSTOM, INDICATE BELOW

_____ A/C (110V _____ 220V _____ 460V (STD.) _____ OTHER _____)
 _____ SINGLE PHASE _____ THREE PHASE (STD.)
 _____ ROTARY AIR / HYDRAULIC (80 CFM @ 80 PSI, 1/2 GPM)
 _____ AIRBAG
 _____ WASHDOWN
 _____ UL OR CSA APPROVED ELECTRICAL COMPONENTS
 _____ NO POWER UNIT (TOEGUARDS & UPPER TRAVEL LIMIT SWITCH INCLUDED)
 _____ NO POWER UNIT OR CONTROLS
 CONTROLS: _____ HAND (STD) _____ FOOT _____ REMOTE CONTROL
 POWER UNIT: _____ EXTERNAL _____ INTERNAL (STD MOST MODELS)
 IF EXTERNAL, LENGTH OF CORDS (8' STD): _____
 IF ANY OTHER SPECIAL POWER OR CONTROLS ARE REQUIRED, PLEASE INDICATE: _____

APPLICATION INFORMATION

DUTY CYCLE: STARTS PER HOUR: _____ HOURS PER SHIFT: _____
 SHIFTS PER DAY: _____ DAYS PER WEEK: _____
 INDEXING: _____ INCREMENT: _____
DUTY CYCLE IS CALCULATED BY STARTS PER HOUR OR NUMBER OF TIMES "UP" BUTTON IS PUSHED.
 ANTICIPATED CYCLE TIME: _____
 SPECIAL TEMPERATURE REQUIREMENTS: _____
 IS THIS A HAZARDOUS LOCATION? IF YES: CLASS: _____ DIV: _____ GROUP: _____
 OTHER SPECIAL REQUESTS OR APPLICATION INFORMATION: _____

SCISSOR LIFT TABLE SURVEY SHEET



VESTIL
MANUFACTURING
 2999 N. WAYNE ST.
 ANGOLA, IN 46703
 Ph: 260-665-7586
 Fax: 260-665-1339



Is this a repeat quote or repeat order? If yes, please indicate
 Prev. Quote No.: _____ Prev. Order No.: _____

PRODUCT INFORMATION

CIRCLE ONE OR MORE:
 BASKET PALLETT GAYLORD OTHER
 IF OTHER, PLEASE DESCRIBE: _____
 LENGTH: _____ WIDTH: _____
 HEIGHT: _____ DIAMETER: _____

SPECIAL COLOR / PAINT (WATER-BASED ENAMEL STANDARD)

"RAL" NO: _____ COLOR: _____
 MANUFACTURER: _____ TYPE OF COATING: _____