CUSTOMER INFORMATION

CONTACT: ____________________________________________
COMPANY: __________________________________________
PHONE: _____________________________________________
EMAIL: _____________________________________________

CONTAINER TYPE & SIZE

CIRCLE ONE OR MORE:
- BASKET
- PALLET
- GAYLORD
- OTHER
IF OTHER, PLEASE DESCRIBE: ____________________________________________

LENGTH: ___________  WIDTH: ___________
HEIGHT: ___________  DIAMETER: ___________

STANDARD FEATURES

DECK SIZE (CIRCLE ONE):  42" W x 50" L   48" W x 48" L   60" W x 50" L
CAPACITY (CIRCLE ONE):  2,000 LBS.   4,000 LBS.   6,000 LBS.

OPTIONS (LIST ALL THAT APPLY)

SPECIAL DECK SIZE: ______ " W  ______ " L
SPECIAL LIP SIZE (STANDARD IS 24" LONG.): ______ " W  ______ " L
SPECIAL DECK LEVEL HEIGHT (STANDARD IS 24"):
LIP LOWERED HEIGHT (CIRCLE ONE):
SPECIAL ROTATION (90° STANDARD):
SPECIAL CAPACITY:
SPECIAL COLOR (STANDARD BLUE):
V-GROOVE ON DECK - LIST ROLL DIAMETER(S):
V-GROOVE ON LIP - LIST ROLL DIAMETER(S):
OPENING FOR PALLET - LIST PALLET HEIGHT(S):

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

A/C (110V  220V  460V  OTHER ______)
SINGLE PHASE  THREE PHASE
ROTARY AIR / HYDRAULIC (80 CFM @ 80 PSI, 1/2 GPM)
CONTROLS: _____ HAND _____ FOOT _____ AUTOMATED
POWER UNIT: _____ EXTERNAL _____ INTERNAL (STANDARD)
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: ________
DUTY CYCLE IS CALCULATED BY STARTS PER HOUR OR NUMBER OF TIMES “UP” BUTTON IS PUSHED. JOGGING (BOUNCING OF CHUTE) IS NOT RECOMMENDED.
ANTICIPATED CYCLE TIME:
SPECIAL TEMPERATURE REQUIREMENTS:
IS THIS A HAZARDOUS LOCATION?  IF YES:  CLASS: ________  DIV: ________  GROUP: ________
OTHER SPECIAL REQUESTS OR APPLICATION INFORMATION:

VESTIL MANUFACTURING
2999 N. WAYNE ST.
ANGOLA, IN 46703
Ph: 260-665-7586  www.vestil.com
Fax: 260-665-1339  info@vestil.com

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