

Shrink Wrap Cart Product Survey Sheet -MSW-72-3

Inquiry Date: _____ Due Date: _____
Contact: _____
Company: _____
Phone: _____
Fax: _____
 E-mail: _____

PREVIOUS ORDER NUMBER OR
 QUOTE NUMBER, IF APPLICABLE:

CART SIZE

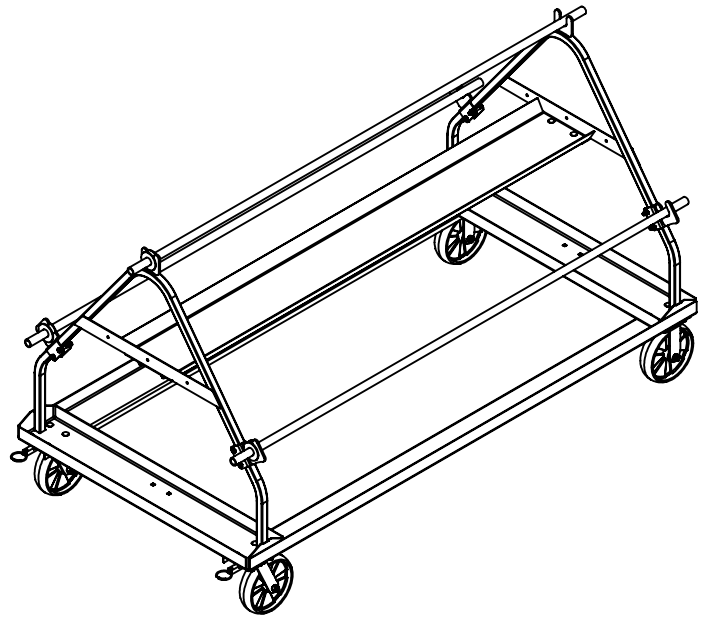
Width: _____
 Length: _____
 Overall Height: _____

Not Critical

Cart Requirements:

Diameter of Axle: _____
 Caster: _____
 Diameter of Load: _____
 Length of Load: _____
 Weight of Load: _____
 Color: _____

Not Critical



Application / Loading Info:

Application Information:

Number of shifts: _____
 Special Temperature requirements: _____
 Special Loading and Unloading Requirements: _____

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

Vestil Manufacturing Company * Angola, IN 46703 * Ph- 260-665-7586 * Fx- 260-665-1339