

Date _____

1. For _____
Company Name City & State Name

2. Use: To transport _____ from _____ to _____

3. Quantity: _____ Load capacity (net) _____ lbs. Floor Type: _____

4. Type truck: Platform; Shelf; Box; Trailer; Caster-Steer; Four-Wheel; Skid; Semi-Live; Dolly;
 Fifth-Wheel; Auto-Steer; Dead; Other _____5. Dimensions (inches) Inside _____ wide x _____ length x _____ high above floor.
 Outside _____ high above deck.*If possible, include a drawing or sketch via fax or e-mail*

6. Constructed of: Frame: _____ Deck: _____ Superstructure: _____

7. End Racks / Push Handles / Stakes: Number _____ Style _____

 Permanent. Location: _____ Ht. above deck:
 Removable.

8. Shelves: How many? _____ (include top and bottom) Capacity per shelf: _____ lbs.

Clearance between shelves: _____ Edges turned up (_____ ")
 down.

9. Running gear: How many swivel casters? _____ Size: _____ dia. x _____ face.

How many rigid casters / load wheels? _____ Size: _____ dia. x _____ face.

Arrangement: Diamond Pattern. If Diamond: tilt-type. Six-Wheel.
 4-Corner Pattern. non-tilt.

Type wheels desired: _____ (Consult pgs. 12 -13 of catalog.)

Type bearings desired: _____ (Consult pg. 11 of catalog.)

10. Other accessories? Floor Truck Lock; Couplers; Swivel Lock; Wheel Bearing Seals; Wheel Brakes; Other: _____

Details: _____

11. Any critical clearances (for doorways, elevators, scales, etc.)? Specify _____

12. Special finish or color? _____ Special markings? _____

13. Comments _____

Your Name _____

Co. Name _____

Address _____

City _____

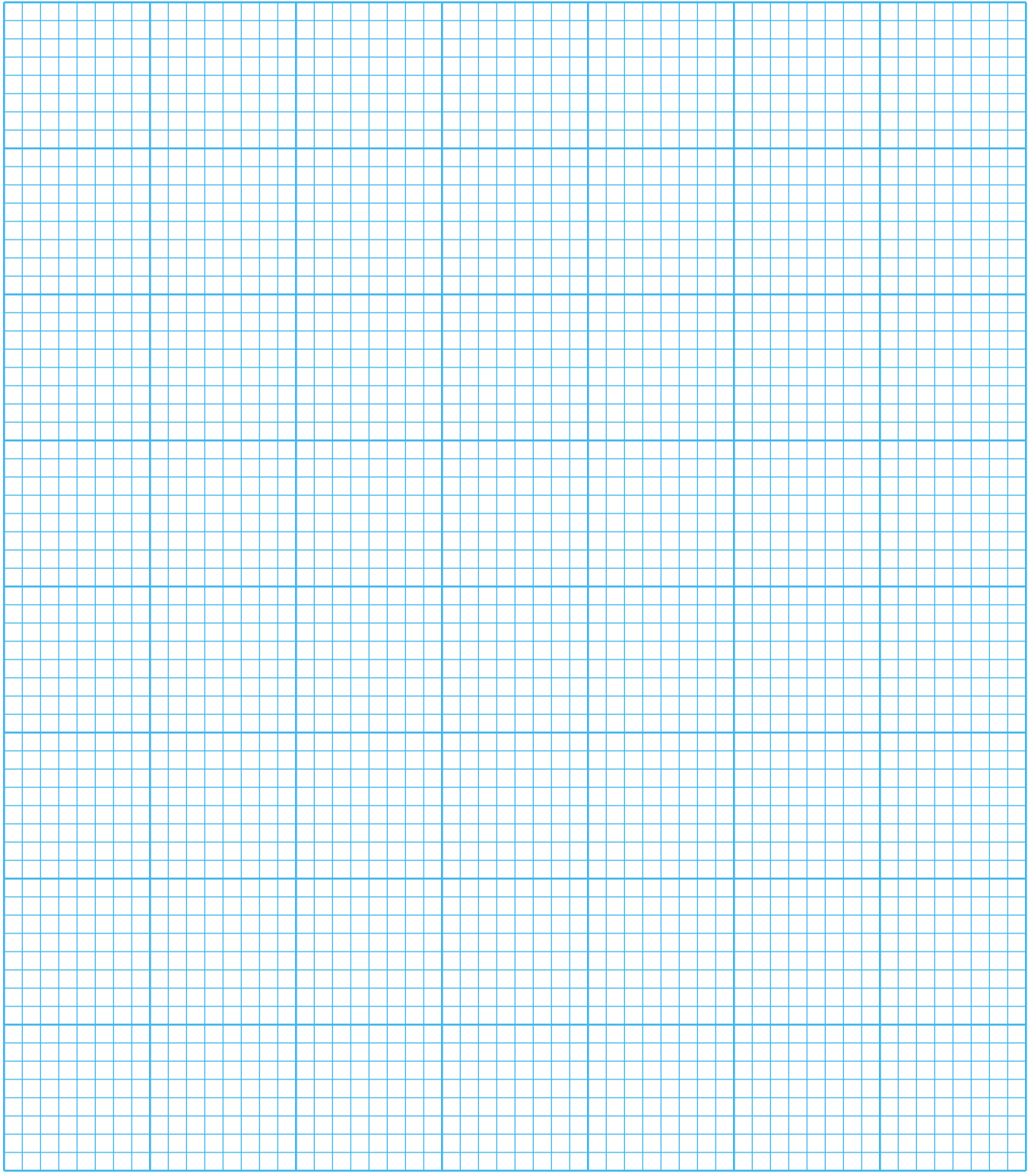
State _____ Zip _____

Phone _____

Fax _____

EMAIL _____

*Still need help?
Call, Fax or E-mail*Hamilton Caster & Mfg. Co.
1637 Dixie Highway
Hamilton, Ohio 45011-4087**Phone: 800-733-7655****Fax: 800-232-3733****E-mail: info@hamiltoncaster.com**



Use to draw rough sketch.

ONE ITEM TO A SHEET PLEASE! FAX TO HAMILTON CASTER & MFG. CO.
FAX 800-232-3733