

Request for Quote Form

Name: _____ Company: _____
Phone: _____ E-mail: _____

GENERAL

Capacity: _____ Manufacturer Preference: _____
Lift: _____

Suspension (Select One):

☐ Rigid Top hook ☐ Swivel Top Hook ☐ Lug mount
☐ Push trolley ☐ Hand-gearred trolley ☐ Motorized trolley

Voltage (Select One):

☐ 460-3-60Hz ☐ 230-3-60Hz ☐ 208-3-60Hz
☐ 575-3-60Hz ☐ 115-1-60Hz ☐ 230-1-60Hz ☐ Other: _____

HOIST AND TROLLEY

Hoist speed: _____ Trolley speed (if Motorized): _____
Hoist control (Select One): Trolley speed control (If Motorized, Select One):
☐ Single ☐ Two-speed ☐ Variable ☐ Single ☐ Two-speed ☐ Variable

Beam flange width*: _____
Beam type: _____
Straight track / Curved track: _____ Minimum Radius (if curved): _____

Pendant required?

☐ No ☐ Yes – Length (Standard is 2-4 Feet less than lift): _____

Power cord required?

☐ No ☐ Yes - Length: _____

ENVIRONMENT AND DUTY CYCLE

Location of use: ☐ Indoor ☐ Outdoor ☐ Outdoor under roof
Hoist duty cycle (ASME): ☐ H3 ☐ H4
Special Application Requirements (i.e. food service, explosion proof, windmill):

Additional Details and Comments:

Project Urgency: ☐ Low ☐ Medium ☐ High QUOTE REQUIRED BY (Date): _____

*This field is required for all trolley suspensions

Please submit this form by email or fax:

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Fax: 402-896-9474