



Request for Quote Form

Name: _____ Company: _____
 Phone: _____ Address: _____
 E-mail: _____ City, State, Zip: _____

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 Timeframe: _____ QUOTE REQUIRED BY (Date): _____

*This field is required for all trolley suspensions

Please email to info@kistlerequipment.com
 or fax to 402-896-9474