



Phone: 405-378-3396 Fax: 405-691-0723

Return Fax Form Vacuum Lift Sales Inquiry

Dealer: _____ Date: _____
Customer: _____ Phone: (____)____-____
Fax: (____)____-____
Title: _____
Contact Person: _____ Email: _____

Proposal Date Required: _____
Delivery Date Required: _____

Application Description:

Required Information:
Object Being Lifted: _____
Dimensions of Lifted Object: _____
Object Weight (lbs.)(min.& max): _____
Frequency of Lifts: _____
Crane Type: _____
Clearance (Floor to Suspension Point, ft./in): _____
Surface of Object (Porous/ Non Porous): _____
Lift Heights (Low Point to High Point): _____
Type of Power Supply (Air/ Electric): _____
Ambient Conditions: _____
Special Requirements: _____

