

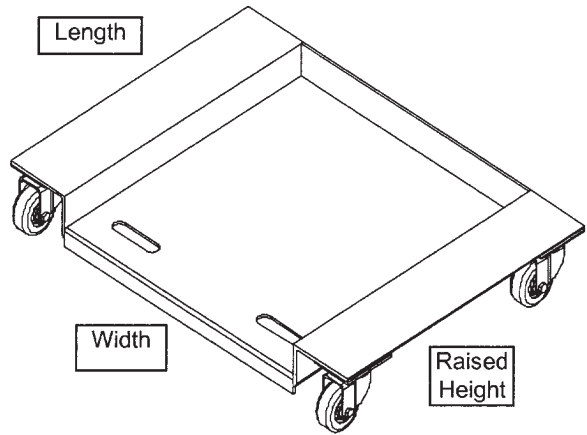
Inquiry Date: _____ Due Date _____
Contact: _____
Company: _____
Phone: _____
Fax: _____
E-mail: _____

Floor Hugger Dolly Survey Sheet

PLATFORM SIZE

Not Critical

Overall Width: _____
 Overall Length: _____
 Usable Width: _____
 Usable Length: _____
 Type of Flooring: _____
 Caster Type: _____
 Ground Clearance: _____
 Capacity: _____



BASE WIDTH

Width: _____
 Length: _____
 Load Size: _____
 Travel: _____
 Table Cap.: _____

PRODUCT INFORMATION

Container / Product type: _____ Basket / Pallet / Gaylord / Skid
 Other: _____
 Product Size:
 Length: _____
 Width: _____
 Height: _____

Options:

_____ Handrails / Siderails _____ Special Color _____ List color
 Other: _____

Application Information:

Duty Cycle (High cycle?): _____
 Number of shifts: _____
 Side Loading: _____
 Special Loading and Unloading requirements: _____

Additional Notes:

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