

PRINT AND FAXBACK FORM ATTN: DAN YEAKEY FAX: 574-256-6612

PROJECT NAME_____

	QUANTITY
1. CONTACT INFORMATION	
NAME	
COMPANY NAME	
EMAIL	
ZIP CODE	
PHONE	
2. CRANE TYPE	
FLOOR MOUNT	WALL MOUNT
FREESTANDING	☐ TIE ROD
☐ WORKSTATION	☐ ALUMINUM TIE ROD
☐ ARTICULATING	☐ CANTILEVER
☐ MASTTYPE	☐ WORKSTATION
	☐ ARTICULATING
	☐ CEILING MOUNTED ARTICULATING
3. CRANE OPTIONS	4. HOIST OPTIONS
CAPACITY	HOISTTYPE
SPAN	☐ WIRE ROPE HOIST
HEIGHT UNDER BOOM	☐ CHAIN HOIST
	POWER TYPE
3a. ADVANCED OPTIONS	ELECTRIC
	MANUALLY OPERATED
☐ ENDSTOPS	☐ AIR POWERED
☐ TAGLINE KIT	
☐ ROTATION STOPS	ELECTRIC POWER TYPE
☐ TEMPLATE AND ANCHOR BOLTS	☐ 3 PHASE SERVICE
	☐ SINGLE PHASE SERVICE
	1 1