

**Inquiry Form 1.1**

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Phone: \_\_\_\_\_ Wireless: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Comments: \_\_\_\_\_

Please provide a preliminary outline of your lifter requirements by completing the required data as outlined below. Fax or email this to your distributor for initial estimates, an to aid in further discussions.

Lift Required: \_\_\_\_\_ 3' \_\_\_\_\_ 4' \_\_\_\_\_ 5'

Mixer Weight: \_\_\_\_\_ #

Mounting: \_\_\_\_\_ Casters: \_\_\_\_\_ Bolts to Floor \_\_\_\_\_

Material: \_\_\_\_\_ Carbon Steel: \_\_\_\_\_ Stainless Steel: \_\_\_\_\_

Lifter Power: \_\_\_\_\_ Air/Hydraulic: \_\_\_\_\_ All Electric: \_\_\_\_\_

Mixer Mounting: \_\_\_\_\_ Clamp: \_\_\_\_\_ Cup: \_\_\_\_\_ Fixed: \_\_\_\_\_

**MIXER POWER**

Air: \_\_\_\_\_ SCFM@90PSIG

Electric: \_\_\_\_\_ Volts: \_\_\_\_\_ Amps: \_\_\_\_\_ Phase: \_\_\_\_\_ HZ: \_\_\_\_\_

**MIXER ORIENTATION**

A or B: \_\_\_\_\_

Tank Diameter: D \_\_\_\_\_

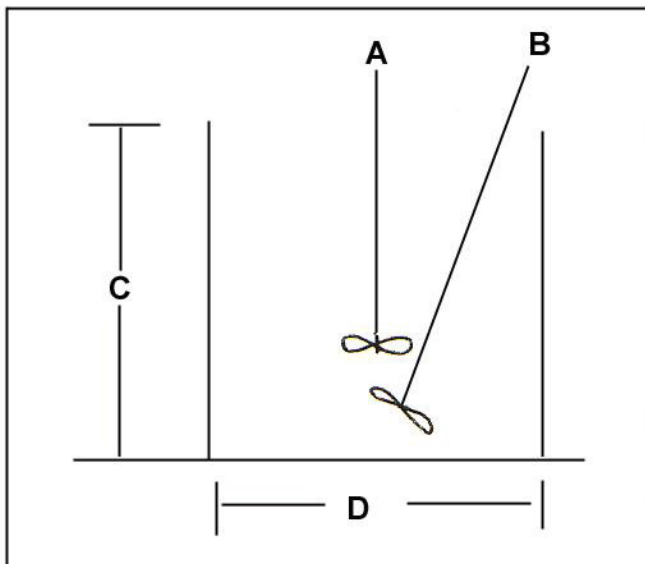
Tank Height: C \_\_\_\_\_

**Total Tank Applications:**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Height: C \_\_\_\_\_



FOR OFFICE USE