

Request Form - Material Handling System

Customer Information

Date:

Company:

Contact person:

Telephone number:

E-Mail address:

Quotation submittal:

Transported Goods

Sizes:	Product 1	Product 2	Product 3	Product 4	Product 5
Length [mm]:					
Width [mm]:					
Height [mm]:					
Weight [kg]:					
Material:					
Floor conditions:					
Temperature [°C]:					
Ambient temperature [°C]:					

Tracks and Levels

Number of tracks [pcs]:

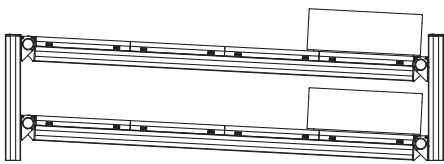
Track width [mm]:

Clearance height [mm]:

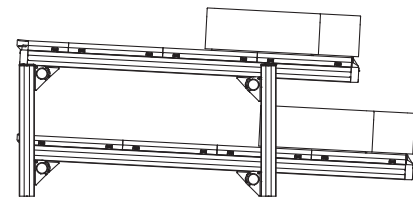
Incline: 4° 6° ____°

Number of levels [pcs]:

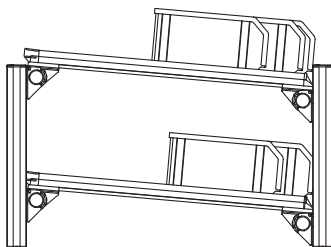
Compact



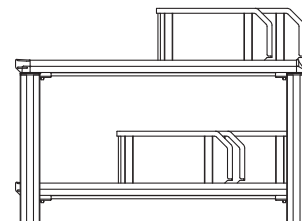
Ergonomic



Round



Square

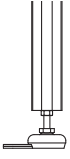
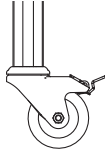


 ESD (MHS Rolling): Yes No

Label holder: Yes No

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Foot type

 S H

Information / Sketch