PALLET RACKING QUOTATION REQUEST FORM

DATE:

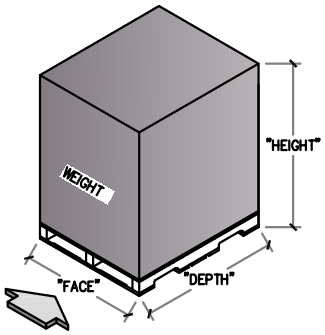
SPACE AID MANUFACTURING
43 Regan Road
Brampton, Ontario
L7A 1B2
Phone: 905.840.5550
Fax: 905.840.5560

CUSTOMER NAME:

ADDRESS: CITY: PROVINCE:

PHONE: FAX: LOCATION OF INSTALL:

DISTRIBUTOR: SALES REP.: PHONE/ EMAIL:



PRODUCT TO BE STORED: _____

PRODUCT FACE: _____ WEIGHT PER PALLET: _____ LBS.

PRODUCT DEPTH: _____ QUANTITY OF PALLETS PER LEVEL: _____

PRODUCT HEIGHT: _____ HAND LOADED OR EQUIPMENT LOADED: _____

TYPE OF LIFT EQUIPMENT: _____

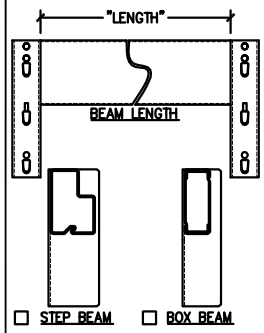
APPLICATION:
- ☐ INDOOR
- ☐ OUTDOOR

FOUNDATION:
- ☐ CONCRETE
- ☐ OTHER: _____

STORAGE:
- ☐ RAW MATERIAL
- ☐ FINISHED GOODS

ACCESSORIES:
- ☐ SAFETY BARS (CLIP OVER)
- ☐ SAFETY BARS (LOCK-IN)
- ☐ WIRE MESH DECKS (WATERFALL)
- ☐ WIRE MESH DECK (IN-STEP)
- ☐ FORK SPACERS
- ☐ SKID CHANNELS
- ☐ DRUM CRADLES
- ☐ STEEL DECK
- ☐ POST PROTECTION
- ☐ FRAME PROTECTION

ADDITIONAL NOTES: _____



☐ STEP BEAM ☐ BOX BEAM

BEAM LENGTH: _____

FRAME HEIGHT: _____

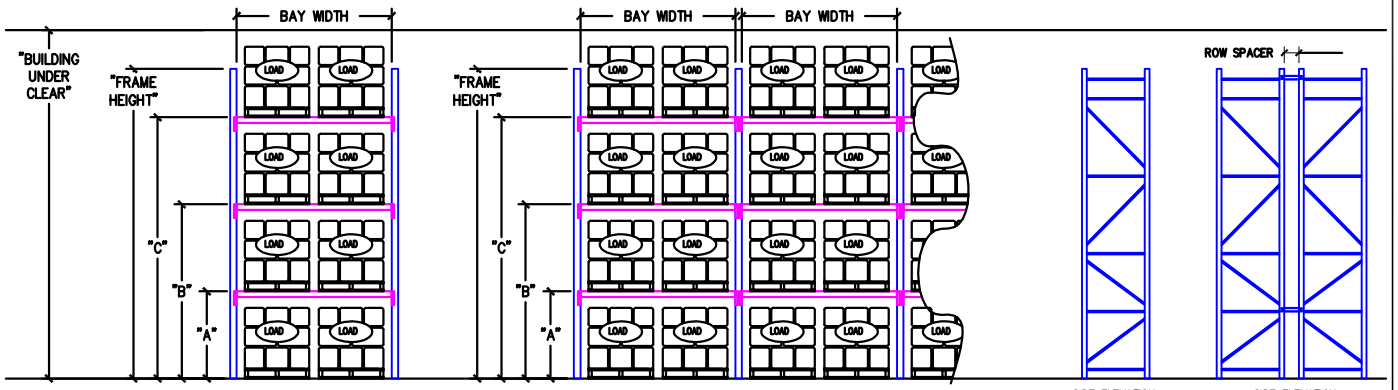
QUANTITY OF BEAM LEVELS REQUIRED PER BAY: _____

ELEVATIONS:

A: _____ B: _____

C: _____ D: _____

E: _____ F: _____



BUILDING UNDER CLEAR: _____

☐ 1 BAY

☐ _____ BAYS

_____ QUANTITY OF ROWS REQUIRED

☐ SIDE ELEVATION SINGLE ROWS

☐ SIDE ELEVATION BACK TO BACK ROW