

**CANTILEVER QUOTATION  
REQUEST FORM**

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DISTRIBUTOR: \_\_\_\_\_



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

CITY: \_\_\_\_\_

FAX: \_\_\_\_\_

SALES REP.: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

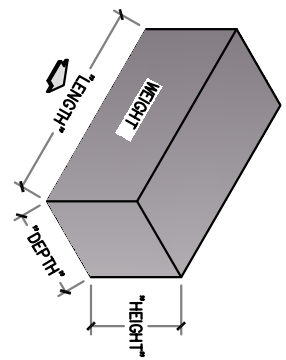
LOCATION OF INSTALL: \_\_\_\_\_

PRODUCT TO BE STORED: \_\_\_\_\_

PRODUCT LENGTH: \_\_\_\_\_ WEIGHT PER LIFT: \_\_\_\_\_ LBS.

PRODUCT DEPTH: \_\_\_\_\_ QUANTITY OF LIFTS PER LEVEL: \_\_\_\_\_

PRODUCT HEIGHT: \_\_\_\_\_ IS THE PRODUCT SKIDDED Y / N: \_\_\_\_\_



APPLICATION: \_\_\_\_\_ ADDITIONAL NOTES: \_\_\_\_\_

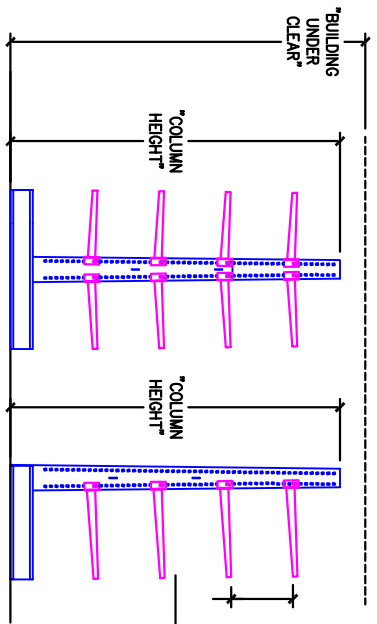
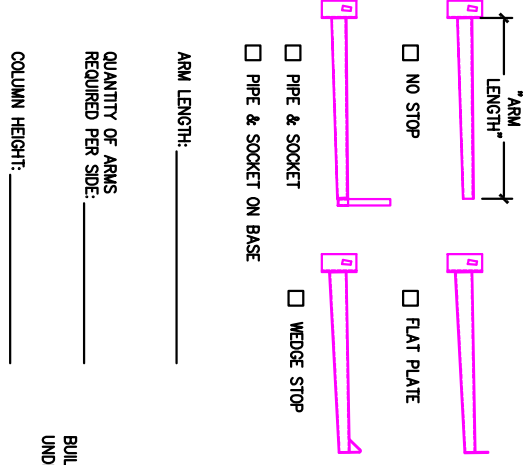
INDOOR  OUTDOOR

FOUNDATION: \_\_\_\_\_

CONCRETE \_\_\_\_\_

OTHER: \_\_\_\_\_

STORAGE:  RAW MATERIAL  FINISHED GOODS



BUILDING UNDER CLEAR: \_\_\_\_\_

DOUBLE SIDED  SINGLE SIDED

1 BAY

2 BAYS

3 BAYS

\_\_\_\_\_ BAYS

QUANTITY OF UNITS REQUIRED \_\_\_\_\_

COLUMN HEIGHT: \_\_\_\_\_

QUANTITY OF ARMS REQUIRED PER SIDE: \_\_\_\_\_

ARM LENGTH: \_\_\_\_\_

LOAD ON BASE

