

PLEASE RESPOND BY:

1							
FOR: COMPANY NAME:			Your Name:		Dept.		
StreetCity							
				E-mail			
					- Trian		
,	or accompan						
-	quotation on the f	•					
☐ Magnets		Controller	☐ Addit	ional equipment:	***		
☐ Spreader I	Beam \square	Battery Back-up					
INSTALLATI	ON: Indoors	☐ Outdoors	AMBIENT	EMPERATURE:	F°/ C°(Max.) _	(Min.)	
TIME CYCLE OF OPERATION: Duty Cycle: On Time Off Time							
We operate the following equipment:							
CRANE: Ton Capacity							
	Bridge 🗌 Crawler	-	•				
Height from floor to crane hook Span							
POWER SUPPLY: Electrical Power Available: DC volts, Ampere or KW cap, cycle, KVA cap							
			AC volts	phase, cy	cle, KVA cap		
COILS: Mat	erial:			Material Temp:_	°C (min.)	°C (max)	
Maximum: Ol	DID	Width	Weight				
Minimum: Ol	D ID	Width	Weight				
Lift with eye in Horizontal position Vertical position Edge Stagger Length:							
Condition: ☐ Tightly wound ☐ Loosely wound ☐ Painted ☐ Paper wrapped ☐ Metal wrapped ☐ Strapped							
Banding: Belly Eye							
Number to be lifted at one time How are they held together?							
BUNDLES:					Weig		
					Strapping		
	Describe bundle n						
PLATES:	TES: Material Max O.D.				Min. O.D		
	Maximum: Thickn	ess	Width	Length_			
	Minimum: Thickn	ess	Width	Length	Weight		
	Stacked:	Singly		Vertical	Horizonta		
					Flat	Bowed	
BILLETS/SLABS:							
	Material:Type ☐	Square Rour	nd 🗆 Cold 🗆	Hot °C.			
		Width					
	Material Tempera				x.)		
	Number to be lifte						

DATE:

AFTER COMPLETING FAX TO:

WALKE

P.

WALKER MAGNETICS

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