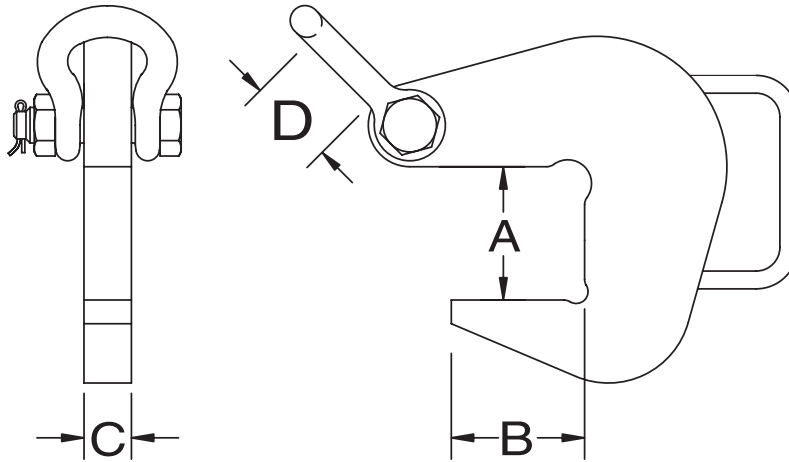


CERTIFIED SLINGS

E Supply

CROSBY® CLAMP-CO® CUSTOM PIPE HOOK QUOTATION REQUEST FORM

Customer Name:		Date:
Address:	City:	State, Zip:
Phone:	Fax:	E-Mail:
Person Completing Form:		Quantity:



GENERAL REQUIREMENTS

Working Load Limit per pair (weight of load): _____ Handle Required

DIMENSIONAL REQUIREMENTS

Grip Opening (A): _____ Grip Depth (B): _____

Plate Thickness (C): _____ Shackle Opening (D): _____

SPECIAL REQUIREMENTS

Finish: _____ Proof Test Load: _____

MPI

UT

Third Party Inspection/Approval: _____