

CERTIFIED SLINGS & Supply



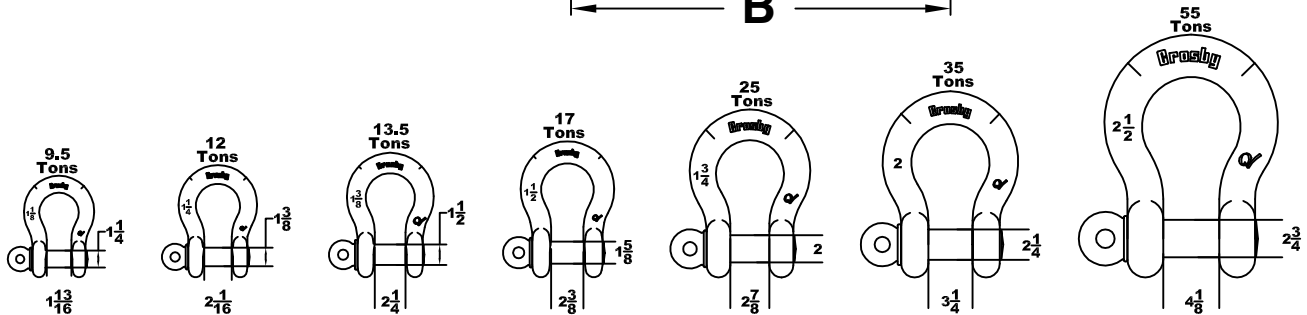
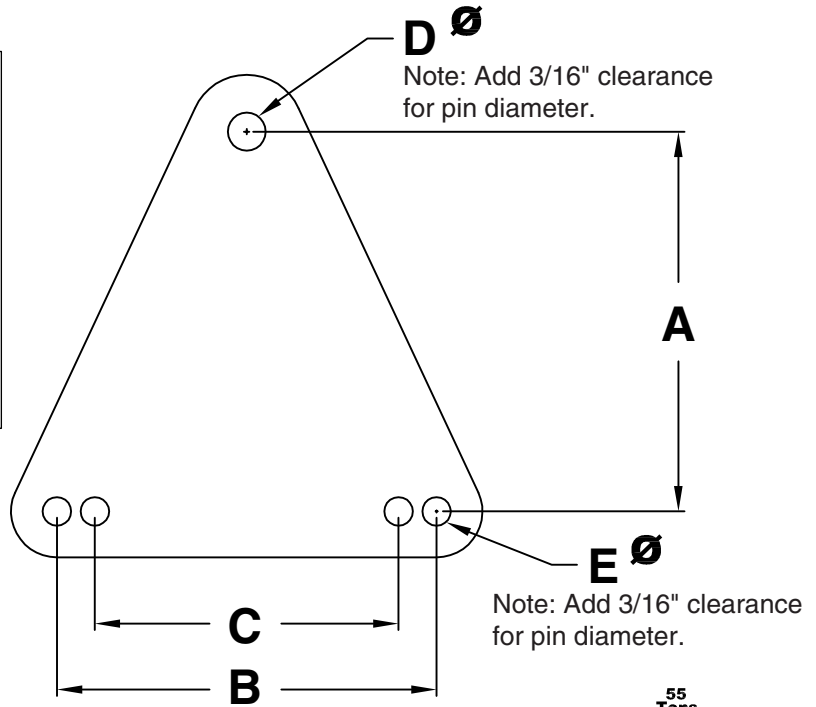
CUSTOM LIFTING TRIANGLE QUOTATION REQUEST FORM

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

PLEASE FILL IN ALL APPROPRIATE DIMENSIONS IN THE SPACES PROVIDED.

<input type="text"/>	Working Load Limit in Tons	<input type="text"/>	Number of Bottom Holes
<input type="text"/>	"A" Dimension	<input type="text"/>	"B" Dimension
<input type="text"/>	"D" Dimension (Based on Tonnage)	<input type="text"/>	"C" Dimension if Required
		<input type="text"/>	"E" Dimension (Based on Tonnage)

Additional Information:



Signed acknowledgment and approval is required before production of this item because this is a custom lifting device and is not returnable. Purchaser is responsible for any and all labor and materials.

Reviewed/Approved by: _____ Date: _____