

CERTIFIED SLINGS

& Supply

CROSBY® MCKISSICK® CUSTOM SWIVEL QUOTATION REQUEST FORM

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

SWIVEL

- Angular Contact Bearing
- Tapered Roller Bearing

SWIVEL STYLE

- | | | |
|------------|------------|------------------------------|
| Jaw & Hook | Eye & Jaw | Bullet Jaw & Jaw (ACBS only) |
| Jaw & Jaw | Eye & Eye | |
| Jaw & Eye | Eye & Hook | |

APPLICATION INFORMATION

WLL required: _____ Hook Size: _____

FREQUENCY OF USE

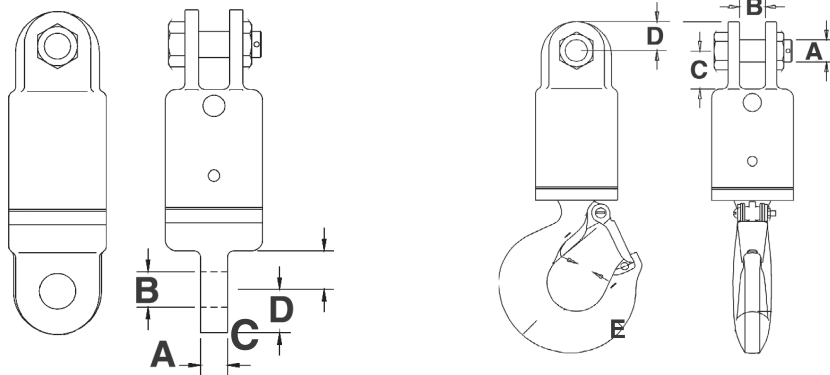
Continuous: _____ Intermittent: _____ One Time: _____

SPECIAL REQUIREMENTS

Special Testing: _____

Finish: _____

Third Party Inspection / Approval: _____



Dimensions for Eye

- A _____
- B _____
- C _____
- D _____

Dimensions for Jaw

- A _____
- B _____
- C _____
- D _____
- E _____ throat opening