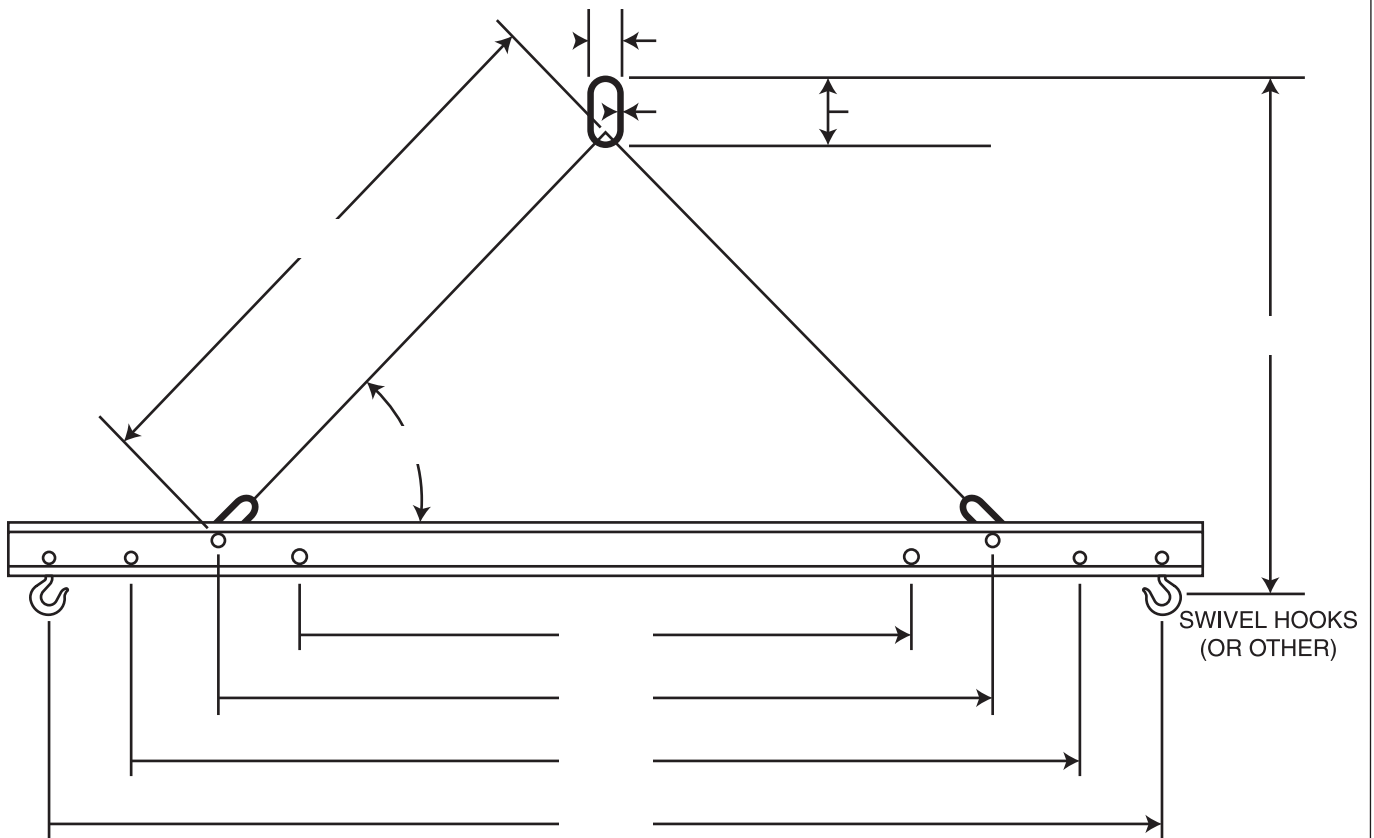


# CERTIFIED SLINGS *& Supply*

## CUSTOM SPREADER BEAM 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.**



Reviewed/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_