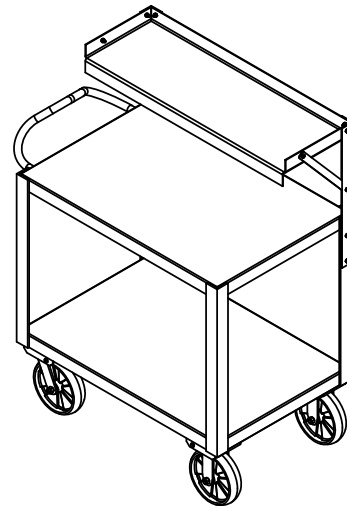


Ergo-Handle Carts Survey Sheet - DHPH

Inquiry Date: _____ Due Date: _____
Contact: _____
Company: _____
Phone: _____
Fax: _____
E-mail: _____



PLATFORM SIZE

Overall Width: _____
 Overall Length: _____
 Usable Width: _____
 Usable Length: _____

Not Critical

Cart Requirements:

Caster Size: _____
 Caster Material: _____
 Caster Brakes: _____
 Deck Material: _____
 Deck Ht. (From Floor): _____
 Push Handle: _____

Not Critical

PRODUCT INFO

Load / Product type:
 Basket / Pallet / Gaylord / Skid
 Other: _____

Product Size:
 Length: _____
 Width: _____
 Height: _____

Does container have feet? _____
 Does container have drop sides? _____
 Yes / No

Application / Loading Info:

Application Information:

Number of shifts: _____
 Special Temperature requirements: _____
 Side Loading: _____
 Special Loading and Unloading Requirements: _____

Additional Notes: _____

Quote options:

_____ Exactly as specified _____ Cheapest / Closest to Vestil standard
 _____ Quickest to ship
 Requested Delivery Date: _____

*All options may not be available on all models

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