

**ENQUIRY FORM –HOIST**

Company:	
Name:	
Tel:	
Fax:	
PO Box:	

Enquiry Nr:	
Date:	
E-Mail:	

SAFE WORKING LOAD \_\_\_\_\_ TON

LIFTING HEIGHT \_\_\_\_\_ METRE




**CRAWL**

**Hook to Hook**

**Crawl**

Speed	Double	Single
Power Supply	380v	525v
Underslung	Yes	No
Low Headroom	Yes	No
Pendant Cable Length	m	

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Electric	Push Pull	Gear Trolley
		
Speed	Double	Single
Power Supply	380v	525v
Hand Chain Length _____		