
Carton Clamp Questionnaire



Carton Clamp

REQUESTOR INFORMATION :

Name: _____ Tel No: _____
Company Name: _____ Fax No: _____

A) WHAT IS IT'S APPLICATION?

B) WHAT ARE THE PRODUCTS THAT WILL BE HANDLED?

1) MINIMUM HEIGHT : _____ MAXIMUM HEIGHT : _____

2) MINIMUM LENGTH : _____ MAXIMUM LENGTH : _____

3) MINIMUM WIDTH : _____ MAXIMUM WIDTH : _____

4) MINIMUM WEIGHT : _____ MAXIMUMM WEIGHT : _____

C) WILL SIDESHIFTING BE REQUIRED? YES NO

D) PLEASE SPECIFY MAKE AND MODEL OF TRUCK TO BE CONSIDERED.

E) TYPE OF CARRIAGE ON TRUCK

F) WHEN DO YOU REQUIRE THE CLAMP?
