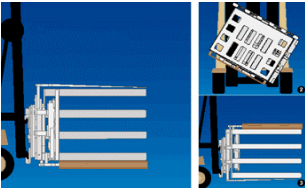


## INVERTA PUSH QUESTIONNAIRE



### Inverta Push

#### **REQUESTOR INFORMATION :**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Fax No: \_\_\_\_\_

A) WHAT IS THE APPLICATION?

\_\_\_\_\_

B) TYPE OF PRODUCTS & HOW IT IS PACKAGED?

\_\_\_\_\_

C) "TRANSFER FROM" PALLET SIZE

\_\_\_\_\_

D) "TRANSFER TO" PALLET SIZE

\_\_\_\_\_

E) OVERALL LOAD SIZE (ie.) L x W x H

\_\_\_\_\_

F) MINIMUM LOAD HEIGHT

\_\_\_\_\_

G) MAXIMUM LOAD HEIGHT

\_\_\_\_\_

H) IS THE LOAD STRETCHWRAPPED      YES  NO

I) FOR PRODUCTS PACKAGED IN BAGS OR CARTONS, PLEASE PROVIDE INDIVIDUAL PACKING SIZE & LOAD STACKING PATTERN.

\_\_\_\_\_

J) DO YOU PREFER BOTH ARMS TO MOVE IN HORIZONTAL AND VERTICAL POSITION OR YOU PREFER ONE ARM TO BE SHUT OFF?

HORIZONTAL       VERTICAL       SHUT OFF

K) WILL THE INVERTA PUSH BE USED INSIDE A CONTAINER?      YES  NO

L) SPECIFY TRUCK CAPACITY, MODEL, MAST HEIGHT AND TYPE TO BE CONSIDERED.

\_\_\_\_\_