

Sliding Arm Clamp Questionnaire



Sliding Arm

REQUESTOR INFORMATION :

Name _____
Company Name _____

Tel No _____
Fax No _____






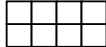

Load Dimentions

Minimum Height	_____	Maximum Height	_____
Minimum Width	_____	Maximum Width	_____
Minimum Depth	_____	Maximum Depth	_____
Minimum Weight	_____	Maximum Weight	_____

(Drums Only)

Minimum Height	_____	Maximum Height	_____
Minimum Diameter	_____	Maximum Diameter	_____
Minimum Weight	_____	Maximum Weight	_____

Stacking Pattern —Please Circle the illustration that best depicts the load

					
Single Unit	Two Units Clamped Together	Multiple Units Clamped Horizontally	Units Stacked Vertically	Multiple Units Stacked Horizontally and Vertically	Cased Goods
					
			Drums (Circle One)		



To be Completed and Return Fax to +65 6863 1368

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Type of Product	Application /Location	Pad Preference	Clamp Type
<input type="checkbox"/> Cotton	<input type="checkbox"/> Boxcar	<input type="checkbox"/> Rubber	<input type="checkbox"/> Non-Sideshifting
<input type="checkbox"/> Pulp	<input type="checkbox"/> Trailer	<input type="checkbox"/> Buttons (cotton)	<input type="checkbox"/> Sideshifting
<input type="checkbox"/> Foam	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Ribbed	<input type="checkbox"/> Revolving
<input type="checkbox"/> Insulation	<input type="checkbox"/> LumberYard	<input type="checkbox"/> Forks	
<input type="checkbox"/> Gaylord Box	<input type="checkbox"/> Stevedoring	<input type="checkbox"/> Round Bar Ribs	
<input type="checkbox"/> Cased Goods	<input type="checkbox"/> Scrap Yard	<input type="checkbox"/> Keystock	
<input type="checkbox"/> Fabric Goods	<input type="checkbox"/> Abusive Use	<input type="checkbox"/> Smooth Facing	
<input type="checkbox"/> Fabric rolls		<input type="checkbox"/> Sawtooth	
<input type="checkbox"/> Appliances		<input type="checkbox"/> Diamond Plate	
<input type="checkbox"/> Tubs		<input type="checkbox"/> Expanded Metal	
<input type="checkbox"/> Pallet Loads		<input type="checkbox"/> Bar Arms	
<input type="checkbox"/> Paper Bales		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Rag Bales			
<input type="checkbox"/> Other _____			

Hydraulic Features

Std. Valve

Pressure Relief

Flow Divider

Ind. Arm Control

No Arm Shutoff (Revolving)

Mounting	Mounting Angle
<input type="checkbox"/> II	<input type="checkbox"/> 0
<input type="checkbox"/> III	<input type="checkbox"/> 4"
<input type="checkbox"/> IV	
<input type="checkbox"/> Bolt-On	
<input type="checkbox"/> Quick-Disconnect	

Truck Model	_____	Carriage Width	_____
MFH	_____	No. of Auxiliary Valves	_____
Voltage	_____	Truck Operating Pressure	_____
Capacity	_____		

Attachments Presently Used

Model _____ S/N _____

Are there any issues with the use of this clamp? _____

