

Turnalood Questionnaire



Turnalood

REQUESTOR INFORMATION :

Name _____
Company Name _____

Tel No _____
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) MAXIMUM LOAD HEIGHT

G) IS THE LOAD STECTCHWRAPPED

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

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

J) WILL THE TURNALOOD BE USED INSIDE A CONTAINER?

K) TRUCK CAPACITY, MODEL, MAST HEIGHT AND TYPE?
