

Application Sheet



Quote No. _____		Date: _____
Distributor Name: _____		Customer: _____
Sales Rep: _____		Contact: _____
Phone: _____	Cell: _____	Title / Dept: _____
Fax: _____	Email: _____	Address: _____
City: _____		State: _____
1. Job Description		Phone: _____ Zip Code: _____
		Cell: _____ Fax: _____
		Email: _____

Photos Available

Quantity Needed: _____ Date Needed: _____

2. Load Requirements

Max Load Weight: _____ Load Height: _____
 Typical Load Weight: _____ Load Width: _____

3. Lift Requirements

Max Hook Height: _____ Clearance Required: _____

4. Reach Requirements

Hook Reach: _____ Clearance Required: _____
 Rotation: _____

5. Base Requirements

Bench Mount Floor Mount
 Mobile Mobile Counter-Weighted
 Tool Holder Mount (specify) Portable
 Receiver Hitch Mount Mounting Surface: _____

6. Environment

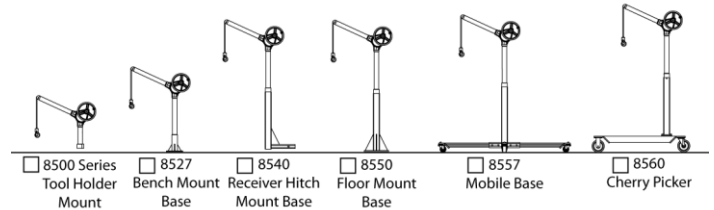
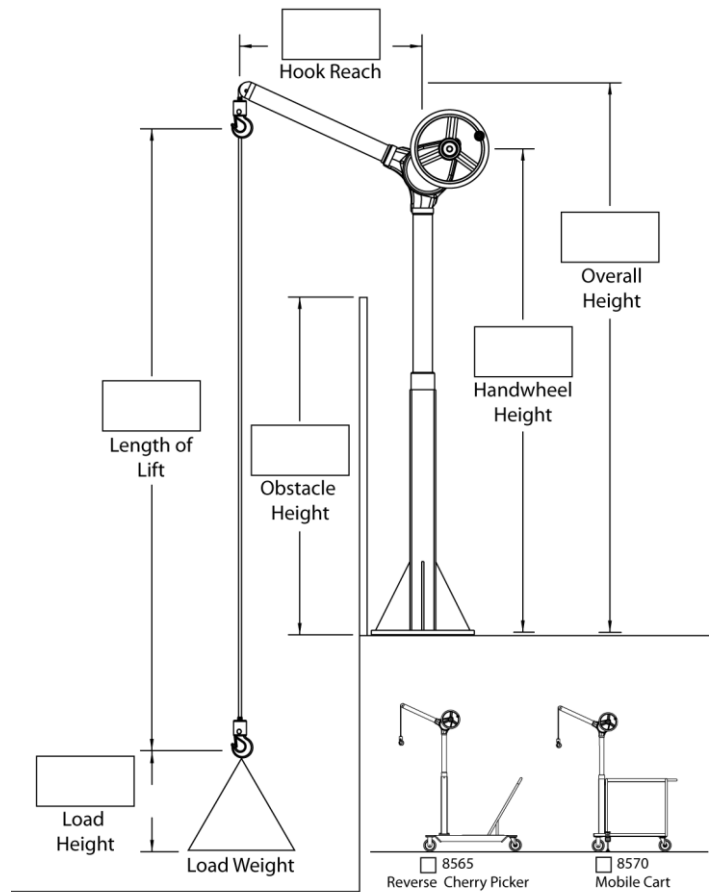
Indoor Outdoor Corrosive Cleanroom
 Marine Hazardous Explosive Other (specify) _____

7. Frequency of Operation

Hours per Day: _____ Hours per Month: _____

8. Modifications

Taller / Shorter Height: _____ Increased Length of Lift: _____
 Longer / Shorter Reach: _____ Handwheel Orientation (left / dual) _____
 Cleanroom Handwheel Height: _____
 Stainless Chain Other (specify) _____



Send Application Sheet To: Dean Christensen - Product Design Specialist

Phone: 208-365-5770 • Fax: 208-365-5771 • Email: deanc@skyhookmfr.com