

CentraAir Series Order Transmittal and Check Sheet

Rev. Date 7/14/17

(Note: Items below listed in **bold text** are subject to additional charge if not included in original quote)

Salesman:	Office Phone:
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INFORMATION IN THIS SECTION IS REQUIRED TO VALIDATE EQUIPMENT WARRANTY

Bill To Address:	Ship To Address:	End User Address:	End User Type <input type="checkbox"/> .com <input type="checkbox"/> Aero/Auto <input type="checkbox"/> Consumer <input type="checkbox"/> Developer <input type="checkbox"/> Food/Beverage <input type="checkbox"/> Government <input type="checkbox"/> Grocery Distribution <input type="checkbox"/> Grocery Retail <input type="checkbox"/> Industrial	<input type="checkbox"/> Retail Distribution <input type="checkbox"/> Retail Stores <input type="checkbox"/> Transportation <input type="checkbox"/> Pharm/Medical <input type="checkbox"/> Warehouse <input type="checkbox"/> Stock <input type="checkbox"/> Farming <input type="checkbox"/> Technology <input type="checkbox"/> Service <input type="checkbox"/> Entertainment
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PO #	Requested Ship Date:	Shipping Instructions:	
Quantity	Carrier:	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Flatbed Required
Restraint Model	Quote #:	<input type="checkbox"/> Third Party	<input type="checkbox"/> Van Required
Comments:	Phone #:	<input type="checkbox"/> Collect	

Are lifting lugs required for installation? Yes No

Leveler Size -REQUIRED			Leveler Capacity - REQUIRED	
<input type="checkbox"/> 6'W X 6'L	<input type="checkbox"/> 6'6" W X 6'L	<input type="checkbox"/> 7'W X 6'L	<input type="checkbox"/> 25,000 lbs CIR	<input type="checkbox"/> 40,000 lbs CIR
<input type="checkbox"/> 6'W X 8'L	<input type="checkbox"/> 6'6" W X 8'L	<input type="checkbox"/> 7'W X 8'L	<input type="checkbox"/> 30,000 lbs CIR	<input type="checkbox"/> 45,000 lbs CIR
<input type="checkbox"/> 6'W X 10'L	<input type="checkbox"/> 6'6" W X 10'L	<input type="checkbox"/> 7'W X 10'L	<input type="checkbox"/> 35,000 lbs CIR	<input type="checkbox"/> 50,000 lbs CIR

Pit Information – REQUIRED				Notes:
<input type="checkbox"/> New Construction		<input type="checkbox"/> Retrofit		
Right Rear	Right Front	Pit Width	Cut down in Width? <input type="checkbox"/>	
Left Rear	Left Front	Pit Length	Cut down in Length? <input type="checkbox"/>	
Cut down Depth? <input type="checkbox"/>		Filler To Be Provided By Systems <input type="checkbox"/>		

Misc Metals	
Curb Angles Curb Angle to ship early <input type="checkbox"/> Date Required _____ <input type="checkbox"/> 6 Piece Angle <input type="checkbox"/> 4 Piece Angle/ 2 piece bumper plate Per Systems pit detail unless otherwise noted	Pans 3 Sided Pan to ship early <input type="checkbox"/> Date Required _____ <input type="checkbox"/> 3 Sided Pan <input type="checkbox"/> 4 Sided Pan <input type="checkbox"/> Squaring Kit <input type="checkbox"/> Bumper Plate Weldments

Lip/Bumper Information – REQUIRED	
Lip Length : <input type="checkbox"/> 16" <input type="checkbox"/> Barrier Lip <input type="checkbox"/> Max Bevel <input type="checkbox"/> 18" <input type="checkbox"/> 5" <input type="checkbox"/> Reduced Lip Crown <input type="checkbox"/> 20" <input type="checkbox"/> 7" <input type="checkbox"/> Other	Bumpers Standard is 4-1/2" x 10" x 14"

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Dock Height	Max Gross Moving Load	# of Shifts	Notes:
Fork Trucks <input type="checkbox"/> 3 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> 3 Wheel Offset/Standup	Required Service Range Above	Required Service Range Below	
Decline Drive %	Incline Drive %	Level Drive <input type="checkbox"/>	
If drive is decline / incline please explain how this is being handled.			
CA Components & Airlines – Must be filled out, or order will be placed on hold.			

<input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit Door Size _____ Door Centerline _____ Please explain how airlines are coming into the pit: <input type="checkbox"/> Underground _____ <input type="checkbox"/> Over Doors _____ <input type="checkbox"/> Single Drop (Between Every Door) <input type="checkbox"/> Dual Drop (Between Every Other Door)	Standard hose length is 360". If more req'd, please indicate length _____ (R980-0001) # of Regulators/Filters/Lubricators (RFL's) Req'd _____ (Std. is 1 per run) How will the air flow through the RFL? <input type="checkbox"/> Left to Right <input type="checkbox"/> Right to Left
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<input type="checkbox"/> Systems, Inc. Supplied Compressor Compressor Location _____ Distance from 1 st Leveler _____		
Electrical Requirements		Notes:
Electrical Voltage & Phase – 115-1-60 Only <input type="checkbox"/> Pull Chain Activation (Standard) <input type="checkbox"/> Electrical Push Button Activation <input type="checkbox"/> Pneumatic Push Button Activation (2756-0001)	Frame/Finish Information – Required <input type="checkbox"/> Abrasive Deck <input type="checkbox"/> Abrasive Lip <input type="checkbox"/> Special Color Paint (Provide Sample) <input type="checkbox"/> Smooth Deck Plate <input type="checkbox"/> Smooth Lip Plate <input type="checkbox"/> Spray Metalize <input type="checkbox"/> Hot Dip Galvanize (only available on units 45k and above)	
Optional Extras		
<input type="checkbox"/> Brush Weatherseal (Rear Brush) <input type="checkbox"/> Brush Weatherseal (Rear Foam) <input type="checkbox"/> Rubber Weatherseal (Rear Foam) <input type="checkbox"/> Insulation <input type="checkbox"/> Grease Fittings (Every Tube) <input type="checkbox"/> Stainless Steel Hinge Pins		Notes:
		Net price each: \$
		Total net price: \$