

# HM 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:	<b>End User Type:</b> <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

<b>Leveler Size - REQUIRED</b>			<b>Leveler Capacity - REQUIRED</b>	
<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"/> 30,000 lbs CIR	<input type="checkbox"/> 45,000 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"/> 35,000 lbs CIR	<input type="checkbox"/> 50,000 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"/> 40,000 lbs CIR	

<b>Pit Information - REQUIRED</b>				Notes:
<input type="checkbox"/> New Loading Dock Area		<input type="checkbox"/> Existing Loading Dock Area		
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"/>		

<b>Misc Metals</b>	
<b>Curb Angles</b> 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, Inc. pit detail unless otherwise noted	<b>Pans</b> 3 Sided Pan to ship out 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

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

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Dock Height	Max Gross Moving Load	# of Shifts	Notes:
Fork Truck <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.			

<b>Frame/Finish Information</b>		<b>Optional Extras</b>		Notes:
<input type="checkbox"/> Brush Weatherseal (Rear Brush) <input type="checkbox"/> Brush Weatherseal (Rear Foam) <input type="checkbox"/> Rubber Weatherseal (Rear Foam) <input type="checkbox"/> Full Range Toe Guards <input type="checkbox"/> Stainless Steel Hinge Pins <input type="checkbox"/> Insulation <input type="checkbox"/> 3 Wheel Fork Truck Protection (Option on 20k, 25k, 30k, Std for 35 k & higher)		<input type="checkbox"/> Spray Metalize <input type="checkbox"/> Abrasive Deck <input type="checkbox"/> Abrasive Lip <input type="checkbox"/> Smooth Lip Plate <input type="checkbox"/> Smooth Deck Plate		

For additional loading dock, construction and safety items go to [www.alliedproductsolutions.com](http://www.alliedproductsolutions.com).

Additional Notes:	Net price Each \$
	Total Net Price \$