

I COULD USE A LIFT

Lifting Application For a Sky Hook Lifting Device



Syclone ATTCO Service DBA ATTCO, Inc. - PO Box 458 Emmett, ID 83617

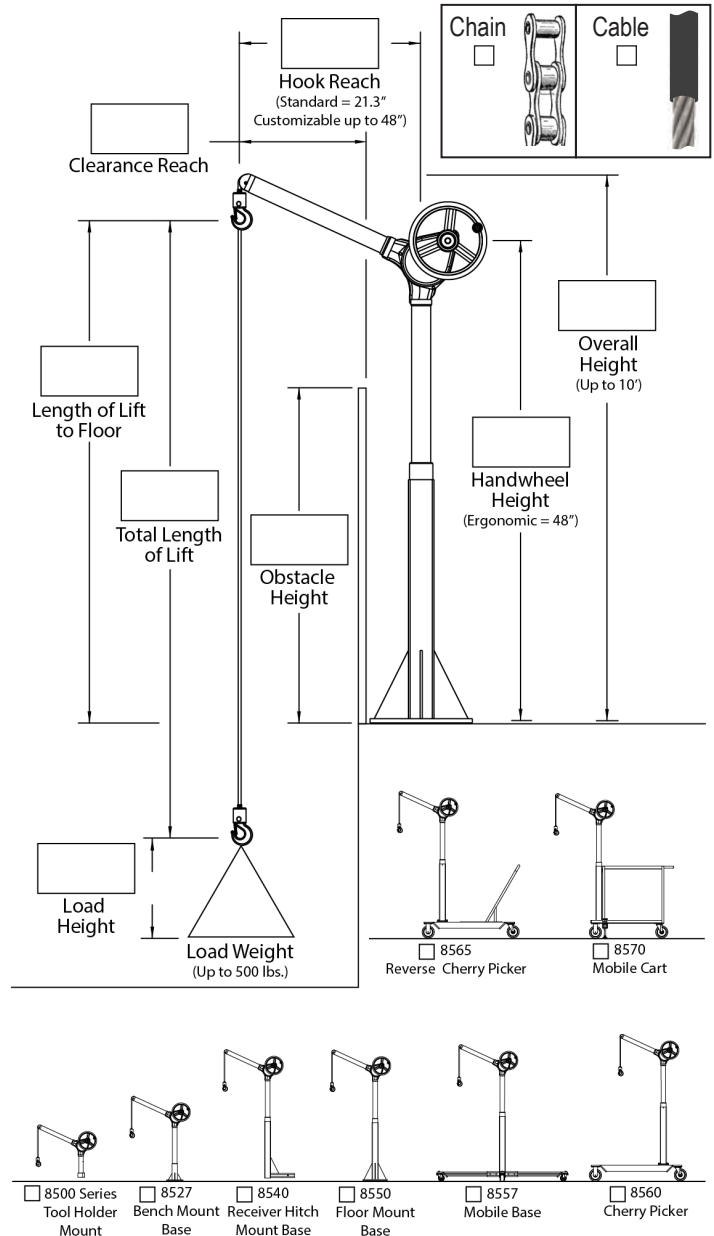
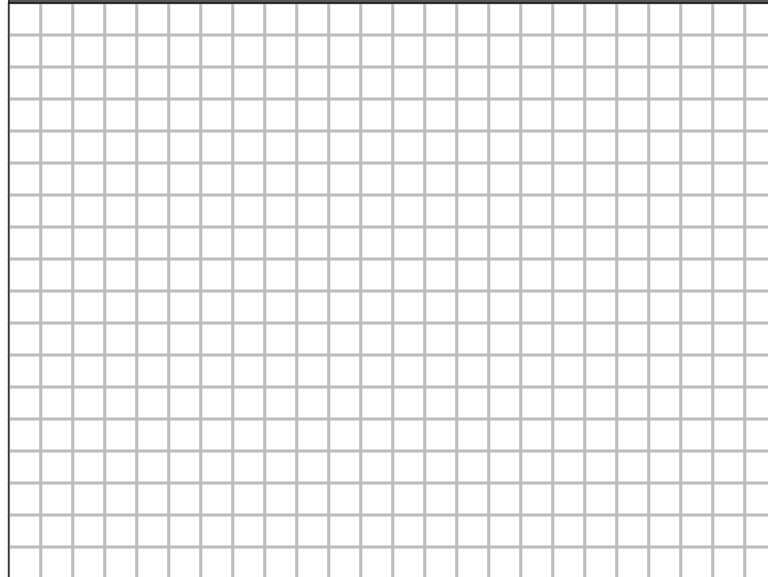
Requestor Name: _____ Date: _____

My Application: _____

What I Need From My Sky Hook Design

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Maximum Load Capacity: _____ | <input type="checkbox"/> Articulating Arm |
| <input type="checkbox"/> Ergonomic | <input type="checkbox"/> Dual Hand Wheels |
| <input type="checkbox"/> Clutch Brake (Automatic Brake Action) | <input type="checkbox"/> Left Hand Wheel Orientation |
| <input type="checkbox"/> Lowered hand wheel | <input type="checkbox"/> Multiple Lifting Heights: _____ |
| <input type="checkbox"/> Economical (\$\$) | <input type="checkbox"/> Lower Transport Height: _____ |
| <input type="checkbox"/> Friction Brake (Lever Brake Action) | <input type="checkbox"/> Auxiliary Drive Shaft |
| <input type="checkbox"/> Corrosive/Cleanroom Environment | <input type="checkbox"/> 4 Swivel Casters |
| <input type="checkbox"/> Cleanroom Package | <input type="checkbox"/> Custom Base Size: _____ |
| <input type="checkbox"/> Stainless Chain | <input type="checkbox"/> Lowered Leg Height: _____ |
| <input type="checkbox"/> Coated Steel Cable Unit | <input type="checkbox"/> Custom Rotation: _____ |
| <input type="checkbox"/> Stainless Hook Assembly | <input type="checkbox"/> Antistatic Package |
| <input type="checkbox"/> Transforma Rubber Casters | <input type="checkbox"/> Custom Color: _____ |
| | <input type="checkbox"/> Custom Under Hook Device |
| | <input type="checkbox"/> Other: _____ |

A Sketch of What I Need



Company Information

Distributor: _____

Contact Name: _____

Title/Dept: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

Cell: _____ Fax: _____

Email: _____

End User: _____

Contact Name: _____

Title/Dept: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

Cell: _____ Fax: _____

Email: _____