

Special Fork Attachment Application Evaluation

Specify the desired model or style attachment: _____

FORK TRUCK INFORMATION:

Fork Dimensions: Width _____ Thickness _____ Length _____

Fork Spacing (measured from the outside edge of the forks): Minimum _____ Maximum _____

Carriage Class (if carriage mount required.): _____

LOAD INFORMATION:

Product to be handled: _____

Maximum: Weight _____ Length _____ Height _____ Width _____

Minimum: Weight _____ Length _____ Height _____ Width _____

Location of pick up / attachment points: _____

Desired location of attachment points (provide drawing or photo if available.):

Does the product have: Sharp edges / Corners Protrusions Obstructions

If so, please describe:

Other application information:

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

For a price quote on your specific application,
please complete the above form and fax to
The Caldwell Group at **815-229-5686**
or you can complete this form online at
www.caldwellinc.com/applications.