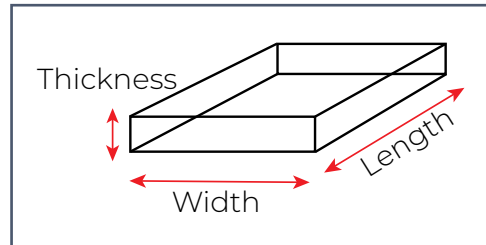


Elektrolift Magnet Quote Request

Company: _____ Quote Required Date: _____
Address: _____ Contact Person: _____
City, State, ZIP: _____ Contact Email: _____
Phone/Cell: _____ Email Completed RFQ to: magsales@dingsco.com
Date Equipment Required by: _____ *You Must Select One to Print: **Imperial** **Metric**

Information for Lifting Applications

Maximum Plate Thickness: _____
Maximum Plate Length: _____
Maximum Plate Width: _____
Maximum Plate Weight: _____



Description of Largest and Smallest Material to be Lifted:

Supply Requirements: Volts: _____ Phase: _____ Cycles Per Second (Hz): _____

Special Requirements: _____
