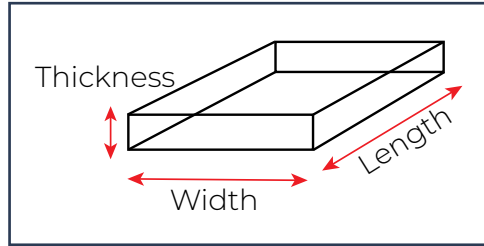


# Elektrolift Magnet Quote Request

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: \_\_\_\_\_  
\_\_\_\_\_