

# HOLD Style Order Transmittal and Check Sheet

Rev Date: 10/13/2016

(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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Remember to attach sales quote.

## INFORMATION IN THIS SECTION IS REQUIRED TO VALIDATE EQUIPMENT WARRANTY

Bill To Address:	Ship To Address:	End User Address:	End User Type:
			<input type="checkbox"/> Government <input type="checkbox"/> .com <input type="checkbox"/> Aero/Auto <input type="checkbox"/> Beverage <input type="checkbox"/> Consumer <input type="checkbox"/> Developer <input type="checkbox"/> Foodservice
			<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"/> Trucking

PO #	Requested Ship Date:	Shipping Instructions:	
Quantity	Carrier:	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Flatbed Required
Dock Leveler Model:	Quote #:	<input type="checkbox"/> Collect	<input type="checkbox"/> Van Required
Capacity:	Phone #:	<input type="checkbox"/> Third Party	

<b>Restraint Information – REQUIRED</b>	
<i>Units as standard are supplied with 115-1-60 powerpack, control box, and LED lights</i>	
<b>Optional Extras</b>	
<input type="checkbox"/> Audible Alarm <input type="checkbox"/> Key Switch <input type="checkbox"/> Low Profile Design <input type="checkbox"/> Interlock Terminals (for extra leveler or door switch) <input type="checkbox"/> Door Limit Switch	
<b>Install Information = REQUIRED</b>	
Ground Mount Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Anchor Kit Provided by Systems, Inc</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Face Mount Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Anchor Kit Provided by Systems, Inc</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wall Imbed Plate <input type="checkbox"/> Driveway Imbed Plate	
Bumper Projection: <input type="checkbox"/> 4" <input type="checkbox"/> 6" <input type="checkbox"/> Other _____	<b>Cantilever Bracket provided by Systems, Inc.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____
Face Mounted Powerpack Standard—if not face mounted specify location _____ Pit Mounted _____ Wall Mounted _____ Specify Hose Length Required (15' standard)	

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Make & Model of Leveler _____	Pit Depth (Front of Pit) _____	Notes:
Dock Height _____	Pit Length _____	
Lip Length: _____ <input type="checkbox"/> Barrier Lip		

<b>Dock Conditions - REQUIRED</b>		Notes:
Dock Face Design (vertical and plumb) <input type="checkbox"/> Yes <input type="checkbox"/> No	Dock Face Construction Material _____ Thickness _____	
Drive Construction Material _____ Thickness _____		
Drive Approach (Check One) <input type="checkbox"/> Level <input type="checkbox"/> Decline <input type="checkbox"/> Incline <input type="checkbox"/> Split--describe _____	% of Slope _____	
Does the drive have any drains or other obstructions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For additional loading dock, construction and safety items go to <a href="http://www.alliedocksolutions.com">www.alliedocksolutions.com</a>		

Additional Notes:	Net price each: \$
	Total net price: \$