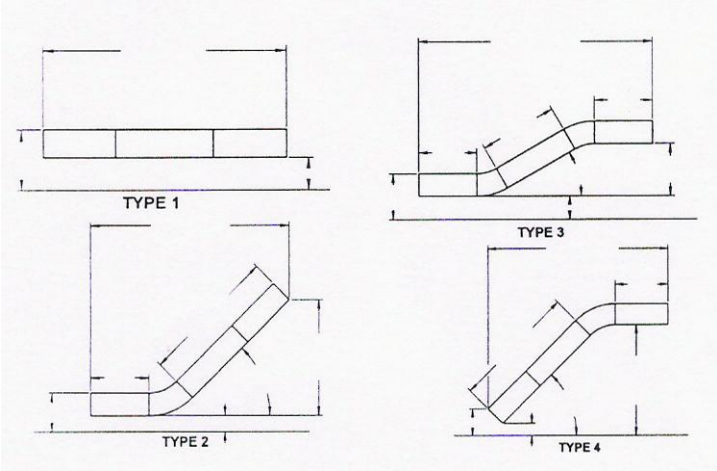
Quote Request For Scrap Material / Recycling Conveyor

Company Name: _____ City: _____ State: _____ Zip: _____

Your Name: _____ Phone #: _____ Fax #: _____



Conveyor Type:

Belt Pitch: ☐ 2 ½" ☐ 4" ☐ 6" ☐ 9"

Belt Width: _____

Belt Type: ☐ Plain ☐ Perforated ☐ Pimpled ☐ Prf & Pmp

Cleats: ☐ Yes ☐ No

Cleat Info: _____ " High On _____ ctrs.

Cleat Type: _____

Speed: _____

HP: _____

Voltage: _____

Controls: _____

Siderails: ☐ Yes ☐ No

Height _____ Location _____

Bottom Pan: ☐ Yes ☐ No

Type & Location: _____

Drive Location: _____

Supports: _____

Casters: _____

Product Conveyed:

Min. Size/Wt. _____

Max. Size/Wt. _____

Temperature: _____

Mtl. _____

_____

Mtl Type: _____

Product Density _____

Liquid Present: ☐ Yes ☐ No

If Yes _____Volume & Type _____

Max.Surge Load: _____

How Loaded _____

Any Free Fall _____

Hrs/Day Cycle _____

Total Live Load on Conveyor _____

Please fax this form to: Conveyall Industrial Supply, Inc.

Fax: (248)344-9447