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APPLICATION FORM

1. Company Name:

Address:

Buyer:

E-Mail:

Phone #:

Fax #:

2. Environment

3. Product to be Moved:

4. Floor Surface:

5. How are you currently moving the load?

6. Each Cart:

Weight of Load (lbs.):

of Moves/Day:

Distance of Move (ft.):

Size of Load (ft.):

Number of People Power to Move Cart:

Number of Carts to Move at One Time:

7. Do you want to Push or Pull the Cart?

8. Do you currently have carts on wheels?

Can the carts be modified to attach to the Load Mover?

Sketch your cart as it would attach to the Load Mover: