

Load Mover Inc.

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Application Form

1 Company Name: _____
Address: _____
Buyer: _____ Phone #: _____
email: _____ 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.): _____

of "Labor Power" to move a cart: _____
(1LP = 100 lbs of horizontal force)

Number of carts to move at one time: _____

7 Do you want to Push and/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.