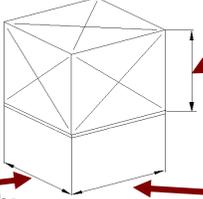
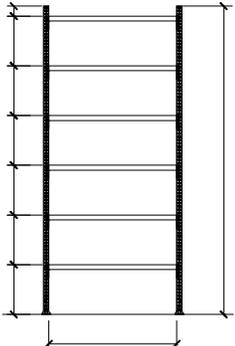


| Date | Unarco Material Handling Material Worksheet | | Unarco Territory Manager | | |
|---|---|--|---|--------------|--------------|
| 6/5/13 | Information marked with an (*) & in yellow are required | | | | |
| *Distributor Information: | | | *End-User Information: | | |
| *Company: | | | *Name:* | | |
| *Address: | | | *Address: | | |
| *City, St. Zip: | | | *City: | | |
| *Contact: | | | *State: | | |
| *Phone: | | | *Zip code: | | |
| *Email: | | | Comments (attach additional pages, if necessary) : | | |
| *Fax: | | | | | |
| Quote # | | | | | |
| PO # | | | | | |
| *Pallet Information | | | *Load information | Bay 1 | Bay 2 |
| **Please state all measurements in inches** | | | Average weight per pallet (helpful): | | |
| *Does the load overhang the pallet? | | | *Maximum weight per pallet: | | |
| *If yes, state how many inches below. | | | *Number of pallets per level: | | |
| Front / Rear | | | Average weight per level: | 0 | 0 |
| Side / Side | | | Maximum weight per level: | 0 | 0 |
|  | | | *Pallet type (attach drawing if possible) | | |
| *Pallet Height (including pallet) | | | *General & Options | | |
| Bay 1: | | | Single rows / How many? | Y / N | Quantity |
| Bay 2: | | | Back-to-back rows / How many? | | |
| | | | If yes, state row spacer length: | | |
| *Pallet Depth: | | | Pallet supports / number per level? | | |
| Bay 1: | | | Column protectors / How many? | | |
| Bay 2: | | | Column protectors height? | | |
| Comments: | | | Wall Ties / How many? | | |
| Comments: | | | Wall Ties length? | | |
| *Bay Configuration | | | Cross Aisle Ties / How many? | | |
| *Clear Ceiling height: | | | Cross Aisle Ties length? | | |
|  | | | Other: | | |
| *Upright height: | | | *Bay Profile | | |
| Bay 1: | | | * Number of beam levels: | Bay 1 | Bay 2 |
| Bay 2: | | | *Is there storage on the floor? | | |
| *Upright depth: | | | *Floor to top of 1st level: | | |
| Bay 1: | | | *Floor to top of 2nd level: | | |
| Bay 2: | | | *Floor to top of 3rd level: | | |
| *Bay width: | | | *Floor to top of 4th level: | | |
| Bay 1: | | | *Floor to top of 5th level: | | |
| Bay 2: | | | *Floor to top of 6th level: | | |
| | | | Maximum lift height of forklift: | | |
| | | | Type of forklift: | | |
| * Please insert your preferred Rack Punching Design : | | | *Engineering Requirements | | |
| | | | *When will the project ship? | MM/DD/YY | |
| | | | *Is a site manager required? | | |
| General notes (attach additional pages, if necessary): | | | *Is installation required? | | |
| | | | *Union or non-union? | | |
| | | | *Are stamped engineered calcs & drawings required? | | |