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|--------------|--|------------------------|---------------------|
| Date | | Cart Type (circle one) | STEERABLE ON-RAIL |
| Company | | Address | |
| City | | State/Province | |
| Contact Name | | Contact email | |

LOAD INFORMATION

| | | | |
|------------------|--|--------------------|----------|
| Max Weight | | Self Supporting? | YES NO |
| Max L / W / H | | Can Overhang Cart? | YES NO |
| Describe Product | | | |
| | | | |

TRAVEL INFORMATION

| | | | |
|--------------------|--|-------------------------|----------|
| No. Shifts/week | | No. Trips per shift | |
| Distance Traveled | | All trips fully loaded? | YES NO |
| Describe Operation | | | |
| | | | |
| Environment | | | |

OPTIONS / NOTES

| | | | |
|--------------------|------------------------|-----------------------|----------|
| Cart Power | AC DC Other None | Special Paint? | |
| Vertical Lift Deck | Lift in inches: | Special Deck Material | |
| Rails Required | YES NO | On-Board Charger | YES NO |
| Other options | | | |
| | | | |
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| | | | |

ANY ADDITIONAL INFORMATION

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