



DRIVE-IN RACK QUOTE REQUEST

TIME-LINE

Date Submitted: _____

CONTACT INFORMATION

Dealer Info

End-User / Ship To *

Company: _____
 Street: _____
 City, ST: _____
 Zip: _____
 Contact Name: _____
 Phone: _____
 Email: _____

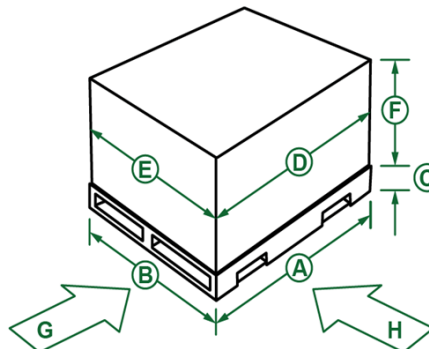
Company: _____
 Street: _____
 City, ST: _____
 Zip: _____
 Contact Name: _____
 Phone: _____
 Email: _____



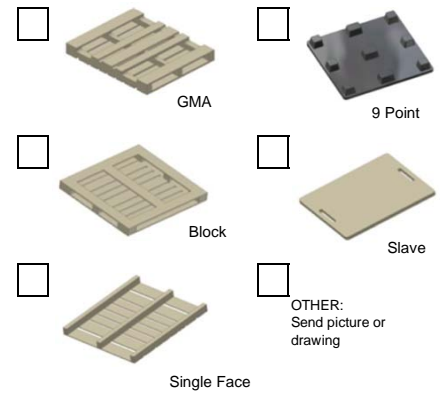
* End User/Ship To must be completed in order to process this Quote Request.

PALLET & LOAD INFORMATION

Pallet Length (A): _____
 Pallet Width (B): _____
 Pallet Height (C): _____
 Max Load Length (D): _____
 Max Load Width (E): _____
 Max Load Height (F): _____
 Pallet + Load Height (C + F): _____
 Pallet + Load Weight: _____
 Minimum _____
 Maximum _____
 Average _____



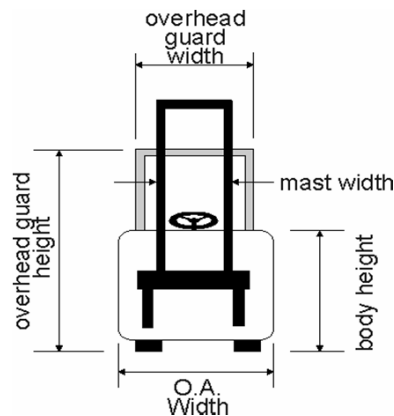
Select Pallet Type (Bottom View)



Pallet Loading Direction: G or H

FORK LIFT INFORMATION

Mast Width: _____
 Overhead Guard Height: _____
 Maximum Width: _____



FACILITY INFORMATION

Building Type? <input type="checkbox"/> New <input type="checkbox"/> Existing	Building Size Width: _____ Length: _____ Clear Room Height: _____ Other Obstructions: _____	Building Column Size Outside Dimensions: _____ Column Centers: _____ Column Bumper: _____
Storage Conditions? <input type="checkbox"/> Dry <input type="checkbox"/> Cooler <input type="checkbox"/> Freezer		
Storage Temperature: _____ Special Conditions (i.e. Sloped Floor) _____		

RACK SPECIFICATIONS

Rack Type <input type="checkbox"/> SK2500 Bolted Tubular Rollform <input type="checkbox"/> SK3000 Bolted Structural Channel <input type="checkbox"/> SK4000 Structural Bolted Tubular	Color Poppy Orange Precaution Blue Vista Green Yellow * Apricot * Arctic Blue * Black * Castle Gray * Fire Engine Red * Kelly Green * Navy Blue * Platinum * White	Uprights 	Beams 	* Premium Colors: Minimum order size may apply
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RACK CONFIGURATION

Rack Configuration <input type="checkbox"/> Drive-in Single Entry <input type="checkbox"/> Drive-in Double Entry <input type="checkbox"/> Drive-thru	<input type="checkbox"/> First load double stacked on the floor <input type="checkbox"/> Sanitary Design	
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Configurations Required (Please forward any applicable layout and/or elevation drawings available.)

Group	Qty of Group	# of Bays Wide per Group	# of Pallets High per Bay	# of Pallets Deep per Bay	Vertical Load Rail Spacing
1					
2					
3					
4					
5					

OPTIONAL ACCESSORIES

<input type="checkbox"/> Offset Front Leg <input type="checkbox"/> Double Front Post <input type="checkbox"/> Welded Column Protector <input type="checkbox"/> Free Standing Column Protector <input type="checkbox"/> Column Core (SK2500)	Height of Offset _____ Height of Double Post _____ Height of Protector _____ Height of Protector _____ Height of Core _____	<input type="checkbox"/> Anchors <input type="checkbox"/> Shims <input type="checkbox"/> Bolted Rub Rail	<input type="checkbox"/> Heavy First Horizontal Brace <input type="checkbox"/> Pallet Stop Beams <input type="checkbox"/> Steel Guard at Row Ends	<input type="checkbox"/> Row Spacers _____" Length <input type="checkbox"/> Stamped Calculations <input type="checkbox"/> Freight Estimate
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Return to your Inside Sales Representative at Steel King Industries, Inc. Ph: 800-826-020