

Conveyor Quote Check List

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Date: _____

Customer Name: _____

Contact Name: _____

Phone Number: _____

Product: _____

Dimensions: _____ Weight: _____

Conveyor Shape: _____ Straight Length: _____

(Enclose Plan View Sketch)

Elevation Changes: _____ Corner Radius: _____

Width: _____ Chain/Belt Height: _____

Speed: _____

Will product accumulate at any spot? _____

Can product touch? _____

Interface with other equipment? _____

Belt or chain? _____

Guide rails required? _____

Supports? _____