

Crane Quote Form
(fax to 905.795.1121 attn: Dispatch)

Client Data:

Client: _____
New Client? Yes No
Address: _____
Phone: _____
Fax: _____
Contact: _____
Alternate Phone: _____
PO#: _____

Job Data:

Description: _____
Expected Duration: _____
Job Start Date: _____
Leave Yard Time: _____
On Site Time: _____
Lifts: _____
Signs: Yes No
Police: Yes No
Permits: Yes No
Contract #: _____
Site Comments: _____

Load Data:

Load Weight: _____
Rigging: _____
Ball / Block Weight: _____
Stowed Jib Deduction: _____
Distance Away to Outrigger: _____
Total Load: _____
Distance In: _____
Building Height: _____
Raduis: _____
Chart Capacity: _____

Crane Data:

Crane Size: _____
Boom Length: _____
Boom Angle: _____
Jib Length: _____
Jib Offset: _____
Outrigger Spread: _____
Slweing Range: _____
Counterweight: _____
Maximum Radius: _____
Sales Rep: _____
Today's Date: _____