



Scissor Lift Survey Application Field Data Sheet

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Quantity of Scissor Lifts to be quoted? \_\_\_\_\_

Capacity needed: \_\_\_\_\_ LBS      Travel needed: \_\_\_\_\_ inches or feet

Raised Height Needed: \_\_\_\_\_ inches or feet

Pit Mounted or Surface Mounted    if pit mounted is pit completed? Yes or No

Platform Size needed;      Width: \_\_\_\_\_ inches      Length: \_\_\_\_\_ inches

How is the lift being loaded? \_\_\_\_\_

How is the lift being unloaded? \_\_\_\_\_

Is the load evenly distributed? \_\_\_\_\_

What is the application? Use back of page if required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many cycles per hour? \_\_\_\_\_ How many hours per day? \_\_\_\_\_ How many days per week? \_\_\_\_\_ How many Jogs (stopping point) during a cycle are being used? \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Estimated issuance date of Purchase Order: \_\_\_\_\_

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