Small Scissor Lift-BCDL Series
Customer Survey Application Field Data Sheet

COMPANY INFORMATION

(1) Company Name: _______________________________ (2) Contact Name: ______________

(3) Company Address: ___________________________________________________________

(4) Company Phone: __________________________ (5) Company Fax: ________________

(6) Contact Email Address: ______________________________________________________

(7) Ship to Address: _____________________________________________________________

SCISSOR LIFT INFORMATION

(8) Quantity of Scissor Lifts to be quoted? _______ (9) Date Required: ______________

(10) Capacity needed: _______LBS (11) is the load evenly distributed? Yes or No

(12) Pit Mounted or Surface Mounted? (6) if pit mounted is pit completed? Yes or No

(13) Lowered Height: ___________ inches

(14) Travel needed: ______________ inches or feet

(15) Overall Raised Height Needed: ____________ inches or feet

(16) Platform Size needed;  Width:________ inches      Length: _________ inches

(17) Are people on the lift platform?  Yes  or  No (18) Smooth or Diamond Plate Deck

(19) How is the lift being loaded? __________________________________________________

(20) How is the lift being unloaded? _________________________________________________

(21) Is the load evenly distributed? __________________________________________________

(22) What is the application? Use back of page if required: _______________________________

(23) How many cycles per hour? __________ (24) How many hours per day? _______________

(25) How many days per week? ________ (26) How many Jogs (stopping point) during a cycle are

being used? ______________

(27) Voltage:_________________________ Phase: ______________________ Hertz:________________