



QUOTE REQUEST

FOR JACKS, POWER UNITS, SLINGS, PLATFORMS & ACCESSORIES

Elevator Equipment Corporation

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sales@eecomail.com

Date: _____ Date Requested: _____

CUSTOMER INFORMATION	Customer: _____	Phone: _____ Ext. _____
	Contact: _____	Mobile: _____
	E-Mail: _____	Fax: _____
	Address: _____ City: _____	State: _____ Zip: _____
	Project Name: _____	Project Location: _____

REQUIRED DATA	# of Cars: _____ <input type="checkbox"/> In-Ground <input type="checkbox"/> Holeless <input type="checkbox"/> Passenger <input type="checkbox"/> Freight, Class : _____ Travel: _____ Speed: _____ Power: _____ Volt; _____ Phase; _____ Hz Job Specification: <input type="checkbox"/> Y <input type="checkbox"/> N _____ Landings; _____ Openings; _____ @Front; _____ @Rear; _____ @Side Doors: <input type="checkbox"/> S.S. <input type="checkbox"/> C.O. <input type="checkbox"/> 2 SPD <input type="checkbox"/> Other: _____ Entrance Size: _____ Wx _____ H Platform: _____ W x _____ D Cab Ht.: _____ Machine Room Location: _____ Capacity: _____ Max W.P.: _____ Machine Room Door Width: _____ Car Wt. : _____ Pump Output: _____ Hoistway: _____ Wx _____ D Piston Dia.: _____ or Circumference: _____ Pit Depth: _____ O.H: _____ Gross Load: _____ Seismic: <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 or Greater <input type="checkbox"/> Biodegradable Oil		
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SYSTEM INFORMATION	<input type="checkbox"/> Modernization <input type="checkbox"/> Telescopic 2 Stage <input type="checkbox"/> Cantilever <input type="checkbox"/> Replacement <input type="checkbox"/> Telescopic 3 Stage <input type="checkbox"/> Roped 1:2 <input type="checkbox"/> Repair <input type="checkbox"/> Double Wall Jack <input type="checkbox"/> Corner Post <input type="checkbox"/> Out of Service <input type="checkbox"/> Double Bearing Jack <input type="checkbox"/> Other _____ <input type="checkbox"/> New Installation <input type="checkbox"/> Dual Jacks	Comments: _____ _____ _____
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JACKS	<input type="checkbox"/> Complete Jack <input type="checkbox"/> Oil Line Size: _____ <input type="checkbox"/> Cylinder Only <input type="checkbox"/> Threaded <input type="checkbox"/> Cylinder w/ Head <input type="checkbox"/> Grooved Cylinder O.D.: _____ <input type="checkbox"/> Tape Wrap <input type="checkbox"/> Piston Only <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Piston w/ Head # of Coats: _____ Piston O.D.: _____ Piston Wall: _____	<input type="checkbox"/> PVC <input type="checkbox"/> SCH 40 <input type="checkbox"/> SCH 80 <input type="checkbox"/> Spare Packing <input type="checkbox"/> Pit Channels <input type="checkbox"/> Buffers <input type="checkbox"/> Platen <input type="checkbox"/> Isolated <input type="checkbox"/> Future Travel Provision <input type="checkbox"/> Electronic Leak Monitor System	Number of Sections: _____ Or Length of Longest Section: _____ Cylinder Joint: <input type="checkbox"/> Threaded <input type="checkbox"/> No Weld <input type="checkbox"/> Slip Weld <input type="checkbox"/> Butt Weld
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POWER UNITS	<input type="checkbox"/> Submersible <input type="checkbox"/> Belt Drive (Dry) <input type="checkbox"/> 80 St/Hr <input type="checkbox"/> 120 St/Hr <input type="checkbox"/> Left Hand <input type="checkbox"/> Right Hand <input type="checkbox"/> Control Valve <input type="checkbox"/> EECO <input type="checkbox"/> Other _____	<input type="checkbox"/> Include Motor Starter <input type="checkbox"/> ATL (Across The Line) <input type="checkbox"/> Wye - Delta <input type="checkbox"/> Solid State <input type="checkbox"/> Starter Enclosure <input type="checkbox"/> Mount on Power Unit <input type="checkbox"/> Valve In <input type="checkbox"/> Valve Out <input type="checkbox"/> Constant Down Speed Valve	<input type="checkbox"/> Dampener (EECO Muffler Standard) <input type="checkbox"/> Low Pressure Switch <input type="checkbox"/> Oil Heater <input type="checkbox"/> Viscosity Control <input type="checkbox"/> Low Oil Switch <input type="checkbox"/> Oil Cooler <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> 5 Micron Valve <input type="checkbox"/> Return Filtration System <input type="checkbox"/> Load Weighing Switch <input type="checkbox"/> H.P. Same As Existing Existing H.P. _____ <input type="checkbox"/> Pressure Gage <input type="checkbox"/> Pressure Gage Fittings Only (Including Shut-Off Valve)
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PLATFORM SLING	Sub Floor: <input type="checkbox"/> Plywood _____ <input type="checkbox"/> Isolated Platform <input type="checkbox"/> Checker Plate _____ <input type="checkbox"/> 26 Ga Fire Stop <input type="checkbox"/> Special _____	Shoes: <input type="checkbox"/> Rigid <input type="checkbox"/> Swivel <input type="checkbox"/> Roller <input type="checkbox"/> Special _____
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ACCESSORIES	<input type="checkbox"/> Rail Brackets; Qty _____ <input type="checkbox"/> Rails; Qty _____ <input type="checkbox"/> Isolation Coupling; Qty _____ <input type="checkbox"/> Thd <input type="checkbox"/> Grv <input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"	<input type="checkbox"/> Pipe Rupture Valve; Qty _____ <input type="checkbox"/> Thd <input type="checkbox"/> Grv <input type="checkbox"/> Scavenger System <input type="checkbox"/> Controller <input type="checkbox"/> Limit Switch; Qty _____ <input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Limit Switch Bracket; Qty _____ <input type="checkbox"/> EECO Tape Selector Landing System <input type="checkbox"/> Mainline Strainer; Qty _____ <input type="checkbox"/> Shut Off Valve; Qty _____ <input type="checkbox"/> Thd <input type="checkbox"/> Grv <input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"
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