



QUOTE REQUEST

FOR JACKS, POWER UNITS, SLINGS, PLATFORMS & ACCESSORIES

Elevator Equipment Corporation

4035 Goodwin Ave, Los Angeles, CA 90039
 PH. 323-245-0147 - FAX. 323-245-9771
 2230 N.W. 12TH Street, Richmond, IN 47374
 PH. 765-966-7761 - FAX 765-966-7703
 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	

SYSTEM INFORMATION	<input type="checkbox"/> Modernization	<input type="checkbox"/> Telescopic 2 Stage	<input type="checkbox"/> Cantilever	Comments: _____ _____ _____
	<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		

JACKS	<input type="checkbox"/> Complete Jack	Oil Line Size: _____	<input type="checkbox"/> PVC <input type="checkbox"/> SCH 40 <input type="checkbox"/> SCH 80	Number of Sections: _____
	<input type="checkbox"/> Cylinder Only	<input type="checkbox"/> Threaded	<input type="checkbox"/> Spare Packing	Or
	<input type="checkbox"/> Cylinder w/ Head	<input type="checkbox"/> Grooved	<input type="checkbox"/> Pit Channels <input type="checkbox"/> Buffers	Length of Longest Section: _____
	<input type="checkbox"/> Cylinder O.D.: _____	<input type="checkbox"/> Tape Wrap	<input type="checkbox"/> Platen <input type="checkbox"/> Isolated	Cylinder Joint:
	<input type="checkbox"/> Piston Only	<input type="checkbox"/> Epoxy Paint	<input type="checkbox"/> Future Travel Provision	<input type="checkbox"/> Threaded <input type="checkbox"/> No Weld
<input type="checkbox"/> Piston w/ Head	# of Coats: _____	<input type="checkbox"/> Electronic Leak Monitor System	<input type="checkbox"/> Slip Weld	
<input type="checkbox"/> Piston O.D.: _____	Piston Wall: _____		<input type="checkbox"/> Butt Weld	

POWER UNITS	<input type="checkbox"/> Submersible	<input type="checkbox"/> Include Motor Starter	<input type="checkbox"/> Dampener	<input type="checkbox"/> 5 Micron Valve
	<input type="checkbox"/> Belt Drive (Dry)	<input type="checkbox"/> ATL (Across The Line)	(EECO Muffler Standard)	<input type="checkbox"/> Return Filtration System
	<input type="checkbox"/> 80 St/Hr <input type="checkbox"/> 120 St/Hr	<input type="checkbox"/> Wye - Delta	<input type="checkbox"/> Low Pressure Switch	<input type="checkbox"/> Load Weighing Switch
	<input type="checkbox"/> Left Hand <input type="checkbox"/> Right Hand	<input type="checkbox"/> Solid State	<input type="checkbox"/> Oil Heater	<input type="checkbox"/> H.P. Same As Existing
	<input type="checkbox"/> Control Valve	<input type="checkbox"/> Starter Enclosure	<input type="checkbox"/> Viscosity Control	Existing H.P. _____
	<input type="checkbox"/> EECO	<input type="checkbox"/> Mount on Power Unit	<input type="checkbox"/> Low Oil Switch	<input type="checkbox"/> Pressure Gage
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Valve In <input type="checkbox"/> Valve Out	<input type="checkbox"/> Oil Cooler	<input type="checkbox"/> Pressure Gage
	<input type="checkbox"/> Constant Down Speed Valve	<input type="checkbox"/> Air <input type="checkbox"/> Water	Fittings Only (Including	
		<input type="checkbox"/> Pre-Wire	Shut-Off Valve)	

PLATFORM SLING	Sub Floor:	<input type="checkbox"/> Plywood _____	<input type="checkbox"/> Isolated Platform	Shoes: <input type="checkbox"/> Rigid	
		<input type="checkbox"/> Checker Plate _____	<input type="checkbox"/> 26 Ga Fire Stop		<input type="checkbox"/> Swivel
		<input type="checkbox"/> Special _____			<input type="checkbox"/> Roller
				<input type="checkbox"/> Special _____	

ACCESSORIES	<input type="checkbox"/> Rail Brackets; Qty _____	<input type="checkbox"/> Pipe Rupture Valve; Qty _____	<input type="checkbox"/> Limit Switch Bracket; Qty _____
	<input type="checkbox"/> Rails; Qty _____	<input type="checkbox"/> Thd <input type="checkbox"/> Grv	<input type="checkbox"/> EECO Tape Selector Landing System
	<input type="checkbox"/> Isolation Coupling; Qty _____	<input type="checkbox"/> Scavenger System	<input type="checkbox"/> Mainline Strainer; Qty _____
	<input type="checkbox"/> Thd <input type="checkbox"/> Grv	<input type="checkbox"/> Controller	<input type="checkbox"/> Shut Off Valve; Qty _____
	<input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"	<input type="checkbox"/> Limit Switch; Qty _____	<input type="checkbox"/> Thd <input type="checkbox"/> Grv
	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"	