



WIZARD LIFT VRC - Request for Quote

Date: _____

Job Name: _____

Dealer: _____

Dealer Contact Name: _____

Dealer Phone & Email: _____

General Specifications and Data

Load Capacity: _____ Lbs.

Fl to Fl Travel: _____

Lift Speed: _____ F.P.M.

Number of Landings: _____

Number of Openings: _____

Type of Loading: _____

(In-Line, Pass Thru, 90-Deg, 3 Sides)

Type of Operation: _____

Available Power: _____ V _____ Ph.

Type of Loads: _____

Loading Means: _____

Frequency of Use: _____

Environment: _____

Type of Construction: _____

Enclosure w/Lift or By Others: _____

Platform Safety Chains or Gates: _____

Landing Doors by Others (Locks w/Lift) or Landing Doors w/Lift: _____

Required Deck Size: _____ Out x _____ Wide

Space Available for Lift: _____

Additional Notes: _____

PLEASE PROVIDE LIFT SKETCH AND DETAILS ABOVE (PLEASE SUBMIT SPECS OR DRAWINGS WITH RFQ, IF AVAILABLE)

Send Completed Forms To: tgoodhart@bellaelevator.com or fax to (309) 689-8091