RFQ FORM FOR CUSTOM UNIT

▶ ROTOR FE

1. **How many types of containers should be handled with the same unit?**

   ☐ Only 1 type (no width adjustable arms required)
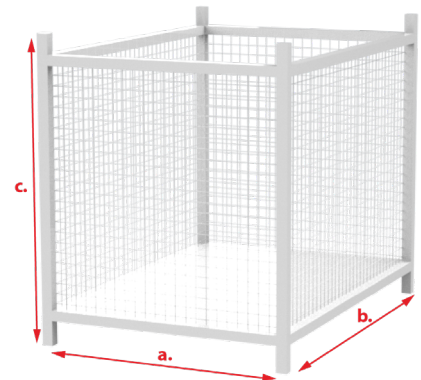   ☐ **2 or more types (width adjustable arms required)**

2. **On which side should the container be forked?**

   ☐ Long side only
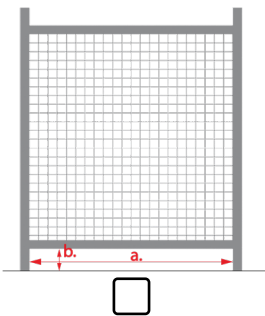   ☐ Short side only
   ☐ On both sides

3. **What are the external dimensions of the container(s)**

   a. Width:　　min ☐ (mm), max ☐ (mm)
   b. Length:　 min ☐ (mm), max ☐ (mm)
   c. Height:　 min ☐ (mm), max ☐ (mm)
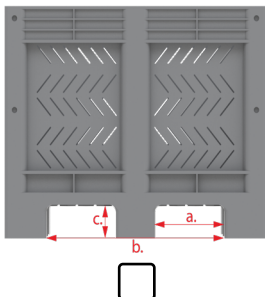
   Maximum container weight:　☐ (Kg)

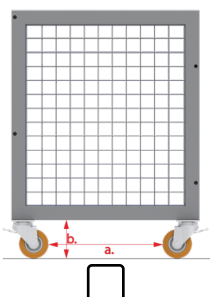4. **What is the type of the container(s)? Please, indicate the distance between the support feet**

   Type 1: 2 lateral support feet
   a. Distance between the support feet: min ☐ (mm), max ☐ (mm)
   b. Clearance: min ☐ (mm), max ☐ (mm)

   ☐

   Type 2: 2 lateral and 1 central support foot
   a. Distance between the central and lateral support foot: min ☐ (mm)
   max ☐ (mm)
   b. Clearance: min ☐ (mm), max ☐ (mm)
   c. Distance between the 2 lateral support feet: min ☐ (mm)
   max ☐ (mm)

   ☐

   Type 3: support feet with castor wheels
   a. Distance between castor wheels: min ☐ (mm), max ☐ (mm)
   b. Clearance: min ☐ (mm), max ☐ (mm)

   ☐

5. **What material is the container(s) made of?**

☐ Metal
☐ Plastic
☐ Cardboard
☐ Other (specify) [_____]

6. **What is the content of the container(s)?**

☐ Liquid (specify) [_____]
☐ Solid (specify) [_____]

7. **What legs configuration is allowed?**

☐ Narrow legs to fit Europallet dimensions (available only for loads up to 500 Kg)
☐ Straddle legs

8. **What is the maximum lifting height (h3)?**

☐ Standard lifting height: 90 - 1475 mm
☐ Custom lifting height: up to [_____] (mm)

9. **What optional extras are required?**

☐ Lithium battery   ☐ 90 Ah   ☐ 180 Ah
☐ Double front rollers (suitable for bad floor conditions)
☐ AC version
☐ Proportional lifting controls by lever
☐ Proportional lifting controls on tiller (available only with AC version)
☐ Armanni Connect 4.0 (available only with AC version)
☐ Wired held-hand pendant control (only for tilting operation)
☐ Protective plexiglass
☐ Custom painting: specify the colour   RAL: [_____]

10. **What will the lift truck be used for? Describe the operation and add special notes. Please attach images to the email if possible.**

[_____]

11. **Write down your information to be contacted. (required data)**

First name [_____]   Company [_____]
Last name [_____]   Email [_____]