

DATA FORM

Fill out completely and fax or mail to your local distributor for a quote.

W.O. No. _____ P.O. No. _____

Distributor: _____ Contact: _____

City, State: _____ Fax: _____

Dump Body Make: _____ Year _____ Phone: _____

ASPHALT HAULED: No Yes (Score for End Curl; Full 1/2" Heavy Duty Material only)

Dump Body Material: Steel Aluminum

Cover Strip Material: St Steel Double Bend |
Aluminum, Double Bend

SCORING REQUIRED: Yes No

LINER SPECS

FLOOR	MATERIAL	THICKNESS	WIDTH	LENGTH
QTY. _____	<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 96"	_____
	<input type="checkbox"/> Medium Duty	<input type="checkbox"/> 3/8"	<input type="checkbox"/> 120"	
	<input type="checkbox"/> Kit, Complete	<input type="checkbox"/> 1/2"	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Material Only			

Welded To: (For HD/MD Combination or Graduated Thickness)

<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 3/8"	<input type="checkbox"/> 96"	LENGTH _____
<input type="checkbox"/> Medium Duty	<input type="checkbox"/> 1/2"	<input type="checkbox"/> 120"	
		<input type="checkbox"/> Other _____	

NOSE Qty. _____

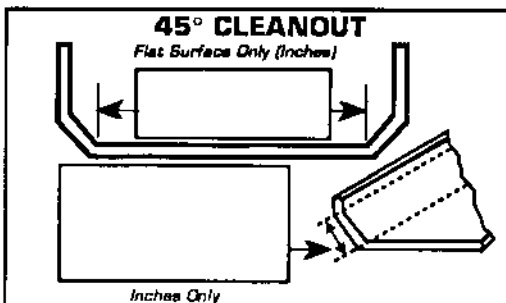
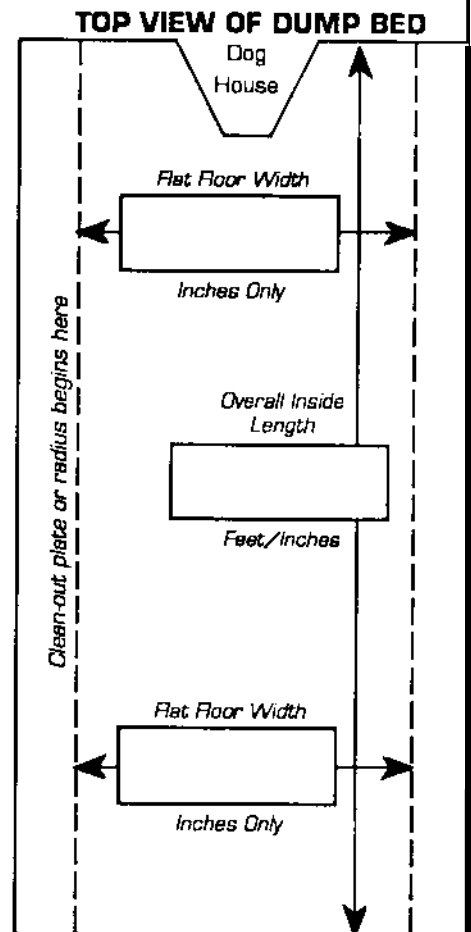
<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 24"	<input type="checkbox"/> Kit, Complete
<input type="checkbox"/> Medium Duty	<input type="checkbox"/> 3/8"	<input type="checkbox"/> 48"	<input type="checkbox"/> Material Only
<input type="checkbox"/> None	<input type="checkbox"/> 1/2"		

SIDES Qty. _____

<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 24"	<input type="checkbox"/> Kit, Complete
<input type="checkbox"/> Medium Duty	<input type="checkbox"/> 3/8"	<input type="checkbox"/> 48"	<input type="checkbox"/> Material Only
<input type="checkbox"/> None	<input type="checkbox"/> 1/2"		

TAILGATE Qty. _____

<input type="checkbox"/> Heavy Duty	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 24"	<input type="checkbox"/> Kit, Complete
<input type="checkbox"/> Medium Duty	<input type="checkbox"/> 3/8"	<input type="checkbox"/> 48"	<input type="checkbox"/> Material Only
<input type="checkbox"/> None	<input type="checkbox"/> 1/2"		

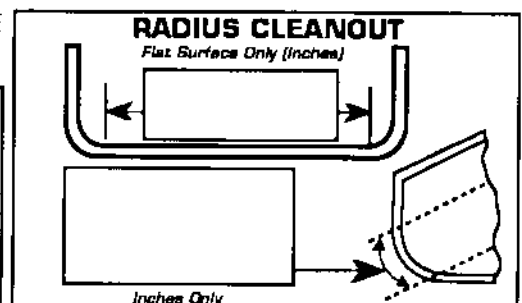


SELECT APPROPRIATE BODY SHAPE

Must Complete for Warranty Tracking

End User Company Name _____

Truck/Trailer/Container # _____



SPECIAL INSTRUCTIONS: _____