

SELECTIVE PALLET RACK DESIGN CRITERIA SHEET

CUSTOMER INFORMATION

Customer:

Name: _____

Contact: _____

Telephone: _____

E-Mail address(s) for final approval of drawings: _____

End User Information:

Name: _____ Due Date: _____

Contact: _____ Initiator: _____

Telephone: _____ Date: _____

DESIGN CRITERIA

Pallet Information:

Rack Rows: _____ # Bays Wide: _____

Levels High: _____

Load Weight

Maximum: _____ Average: _____

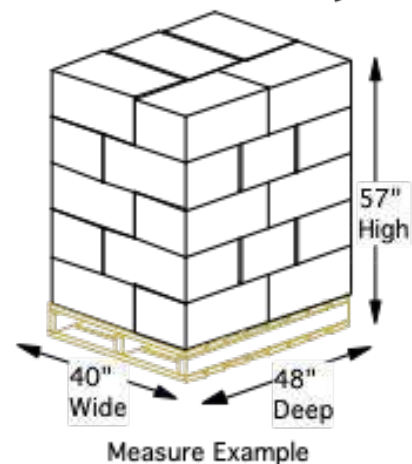
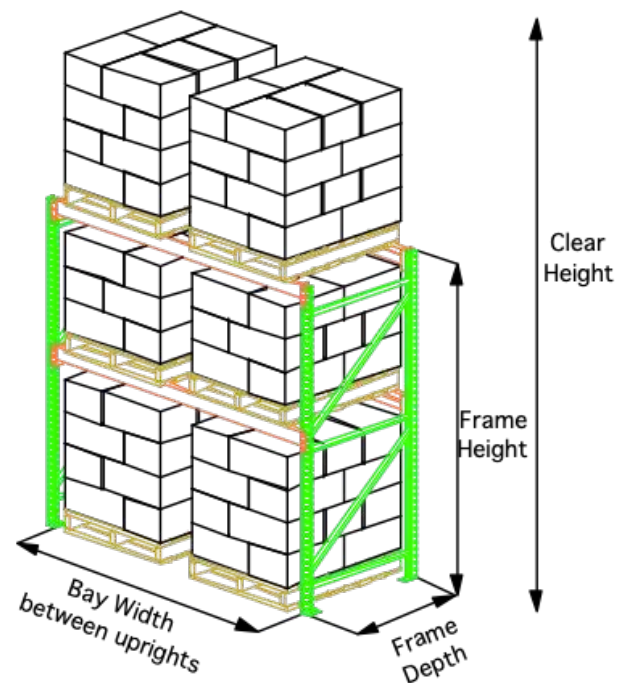
Pallet Size

D _____ W _____ H _____

Pallet Size with overhang

D _____ W _____ H _____

Type of pallet ie GMA:



ADDITIONAL COMMENTS