

## Pushback 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:**

# Pallets Deep: \_\_\_\_\_ # Pallets Wide: \_\_\_\_\_ # Pallets High: \_\_\_\_\_

**Load Weight**

Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_

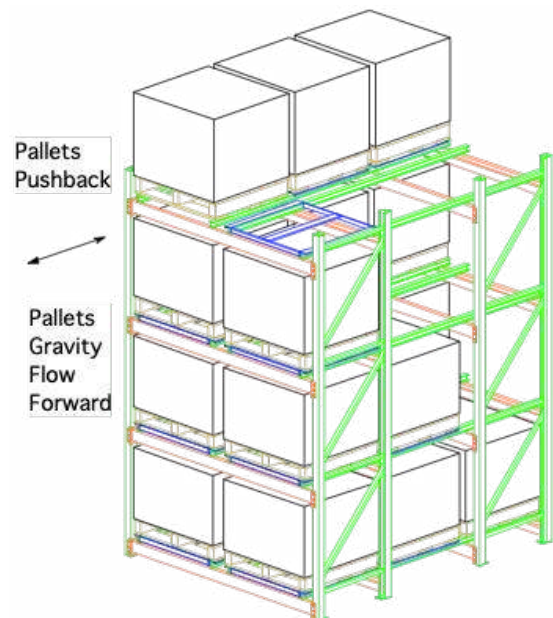
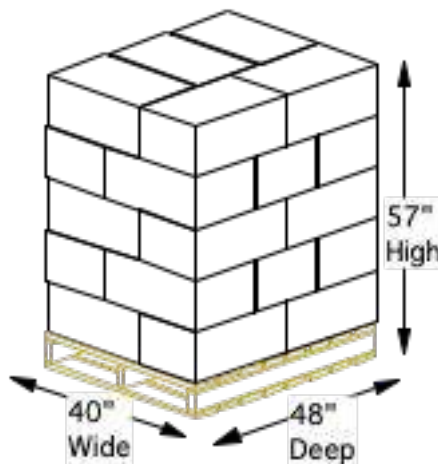
**Pallet Size**

D \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

**Pallet Size with overhang**

D \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Type of pallet ie GMA: \_\_\_\_\_





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ADDITIONAL COMMENTS: