




SPECIAL ORDERS (SANITARY)

Company name: _____
Contact name: _____
Phone: _____
Date: _____
E-mail: _____

 Please, feel free to fill out this form and our sales representatives will be happy to make a quote based on your specific needs. Thank you.

Conveyor Type: Inline Sanitary
FDA Compliant: YES NO
Length (ft): _____
Width (in): _____
Height floor to belt (in): _____
Adjustment: _____
+/- (in): _____

Motor: STD Wash Down
Variable Speed: YES NO
Speed Required (ft/min): _____
Casters: YES NO z
Guide Rails: 1/2 UHMW
 Other: _____

Belt type: Table top plastic
 S/S Table top
 Mat top modular
 Other: _____

Electrical Req: 110 / 120 V 1PH
 230 / 240 V 1PH
 230 / 240 V 3PH
 460 V 3PH
 575 V 3PH

Product type: _____

Product weight: _____

Other requirements: _____

Please
Save this form and send it to us

