

# I COULD USE A LIFT

## Lifting Application For a Sky Hook Lifting Device



Syclone ATTCO Service DBA ATTCO, Inc. - PO Box 458 Emmett, ID 83617

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

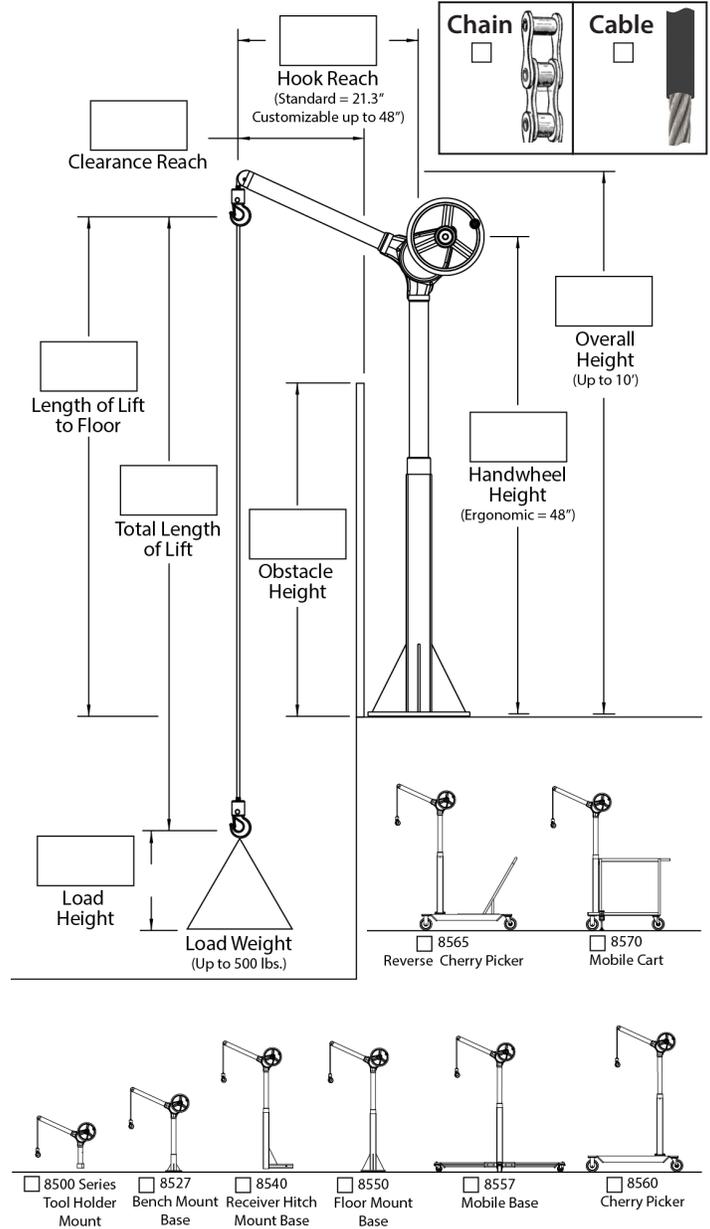
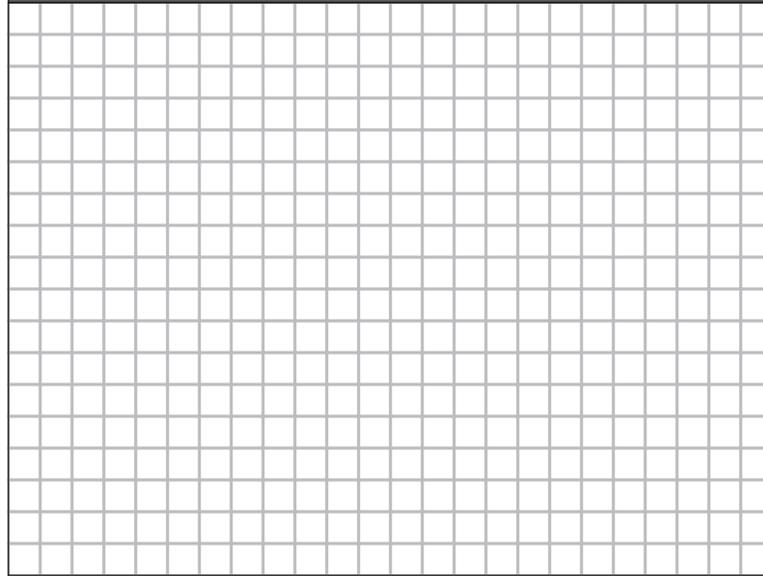
My Application: \_\_\_\_\_

\_\_\_\_\_

### What I Need From My Sky Hook Design

- |  |  |
|--|--|
| <input type="checkbox"/> Maximum Load Capacity: _____          | <input type="checkbox"/> Custom Features                 |
| <input type="checkbox"/> Ergonomic                             | <input type="checkbox"/> Dual Hand Wheels                |
| <input type="checkbox"/> Clutch Brake (Automatic Brake Action) | <input type="checkbox"/> Left Hand Wheel Orientation     |
| <input type="checkbox"/> Lowered hand wheel                    | <input type="checkbox"/> Multiple Lifting Heights: _____ |
| <input type="checkbox"/> Economical (\$\$)                     | <input type="checkbox"/> Lower Transport Height: _____   |
| <input type="checkbox"/> Friction Brake (Lever Brake Action)   | <input type="checkbox"/> Auxiliary Drive Shaft           |
| <input type="checkbox"/> Corrosive/Cleanroom Environment       | <input type="checkbox"/> 4 Swivel Casters                |
| <input type="checkbox"/> Cleanroom Package                     | <input type="checkbox"/> Custom Base Size: _____         |
| <input type="checkbox"/> Stainless Chain                       | <input type="checkbox"/> Lowered Leg Height: _____       |
| <input type="checkbox"/> Coated Steel Cable Unit               | <input type="checkbox"/> Custom Rotation: _____          |
| <input type="checkbox"/> Stainless Hook Assembly               | <input type="checkbox"/> Antistatic Package              |
| <input type="checkbox"/> Transforma Rubber Casters             | <input type="checkbox"/> Custom Color: _____             |
|  | <input type="checkbox"/> Custom Under Hook Device        |
|  | <input type="checkbox"/> Other: _____                    |

### A Sketch of What I Need



## Company Information

**Distributor:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**End User:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title/Dept: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Send Application Sheet To: Thomas Christensen - Sky Hook Design Specialist

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