



Save your form and email it to [info@roni.com](mailto:info@roni.com) or print and fax it to 704-847-6739

**QUOTATION TYPE**

Budgetary (project funding)

Firm (funded project)

**DATE**

**CUSTOMER INFORMATION**

Company Name

Street Address

City

State

Zip Code

Contact Name

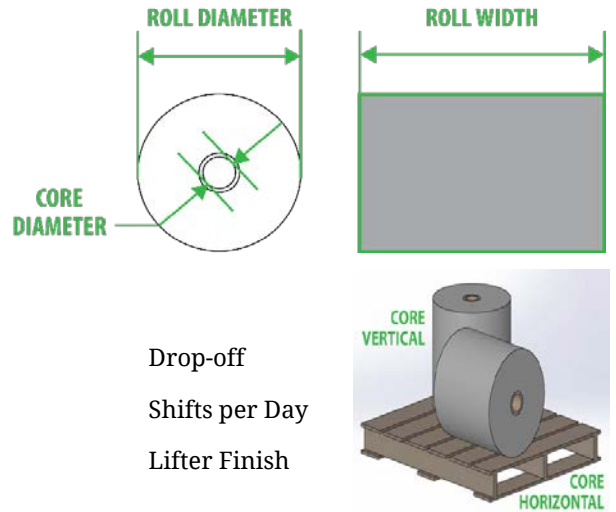
Phone

E-Mail

Cell

**ROLL SPECIFICATIONS**

Weight	Minimum	Maximum
Width	Minimum	Maximum
Diameter	Minimum	Maximum
What is the roll material?		Will it telescope?
Core diameter		Core material
Roll Orientation		Pickup
Equipment Usage		Cycles per Hour
Requirements		Environment



**NOTES**

**WIDTH**

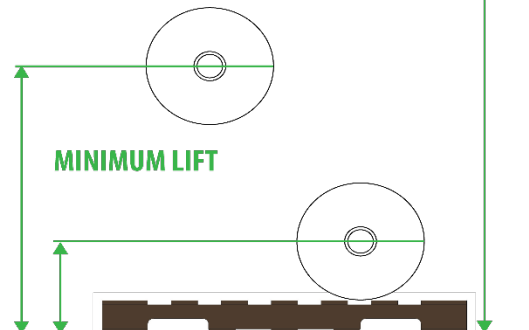
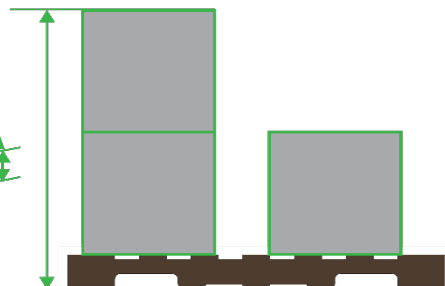
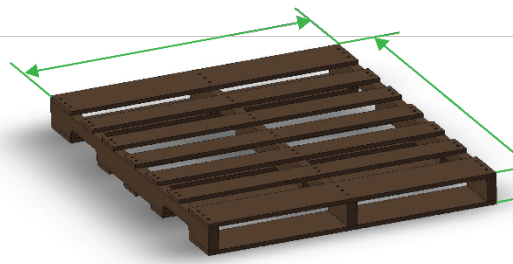
**LENGTH**

**HEIGHT**

**MAXIMUM STACK HEIGHT**

**MAXIMUM LIFT**

**HEADROOM HEIGHT**



Document ID 60001 R160915

+1.704.847.2464  
+1.866.843.8635

[info@roni.com](mailto:info@roni.com)  
[www.liftoflex.com](http://www.liftoflex.com)

8001 Tower Point Drive  
Charlotte, NC 28227

**QRF: ROLL HANDLING**