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INQUIRY FORM

Your Company's Info	rmation:	
Company:		Name:
Address:		
Telephone:		Fax:
E-Mail:		Website:
Wall Crane Basic Spe	cifications:	
☐ Indoor use	☐ Outdoor use	
☐ Double Girder	☐ Single Girder	
Load Capacity:		_
Lifting Height:		
Girder Span:		
Long Travel Length:		
☐ Inverter Speed		' '
Lifting Speed:		
Lifting Speed: ☐ Ma	ker's Standard	Wall Crane
Select Hoist Type:		
□ Double	e Girder □ Sin	gle Girder Low Headroom
Cross Trolley Speed:	m/mi	n
Cross Trolley Speed:	☐ Maker's Standa	Special Comments:
Long Travel Speed:_	m/min	
Long Travel Speed:	☐ Maker's Standard	d
Working Duty:	hours,	/day. Or Duty Cycle:%ED
☐ With Wireless Rac	lio Remote Control	ller

Please fax this sheet to +886-3-4984198. Or E-Mail to thac@taiwanhoist.com.tw We will response immediately.