

STOP Style Order Transmittal and Check Sheet

Rev Date: 10/17/2016

(Note: Items below listed in **bold text** are subject to additional charge if not included in original quote)

Salesman:	Office Phone:
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INFORMATION IN THIS SECTION IS REQUIRED TO VALIDATE EQUIPMENT WARRANTY

Bill To Address:	Ship To Address:	End User Address:	End User Type:
			<input type="checkbox"/> Government <input type="checkbox"/> .com <input type="checkbox"/> Aero/Auto <input type="checkbox"/> Beverage <input type="checkbox"/> Consumer <input type="checkbox"/> Developer <input type="checkbox"/> Foodservice <input type="checkbox"/> Grocery Distribution <input type="checkbox"/> Grocery Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Retail Distribution <input type="checkbox"/> Retail Stores <input type="checkbox"/> Trucking

PO #	Requested Ship Date:	Shipping Instructions:	
Quantity	Carrier:	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Flatbed Required
Comments:	Quote #:	<input type="checkbox"/> Collect	<input type="checkbox"/> Van Required

Restraint Information – REQUIRED

Units as standard are supplied with 115-1-60 powerpack and control box

Model: <input type="checkbox"/> AAL (Automatic Restraint & Lights) <input type="checkbox"/> MAL (Manual Restraint & Automatic Lights) <input type="checkbox"/> MML (Manual Restraint & Lights) <input type="checkbox"/> M (No Lights – Signs Only)	Communication Lights: <input type="checkbox"/> LED Inside/Incandescent Outside (Standard) <input type="checkbox"/> All Incan Lights <input type="checkbox"/> Incandescent Inside/LED Outside <input type="checkbox"/> All LED Lights
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Notes:

Optional Extras

<input type="checkbox"/> Audible Alarm <input type="checkbox"/> Low Profile 10” Stored Height <input type="checkbox"/> 24” Tall Restraint Back	<input type="checkbox"/> Key Switch <input type="checkbox"/> Low Profile 11 ¾” Stored Height <input type="checkbox"/> Interlock Terminals (for extra leveler or door switch)
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Install Information - REQUIRED

Ground Mount Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No Face Mount Restraint <input type="checkbox"/> Yes <input type="checkbox"/> No	Anchor Kit Provided by Systems, Inc <input type="checkbox"/> Yes <input type="checkbox"/> No Anchor Kit Provided by Systems, Inc <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wall Imbed Plate <input type="checkbox"/> Driveway Imbed Plate
Bumper Projection: <input type="checkbox"/> 4” <input type="checkbox"/> 6” <input type="checkbox"/> Other _____	Cantilever Bracket provided by Systems, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____	

Face Mounted Powerpack Standard—if not face mounted specify location
 _____ Pit Mounted _____ Wall Mounted _____ Specify Hose Length Required (15' standard)

INFORMATION IN THIS SECTION IS REQUIRED TO VALIDATE EQUIPMENT WARRANTY

Make & Model of Leveler _____ Dock Height _____	Pit Depth (Front of Pit) _____ Pit Length _____	Notes:
Lip Length: _____ <input type="checkbox"/> Barrier Lip		

Dock Conditions - REQUIRED

Dock Face Design (vertical and plumb) <input type="checkbox"/>	Dock Face Construction Material _____ Thickness _____
Drive Construction Material _____ Thickness _____	
Drive Approach <input type="checkbox"/> Level <input type="checkbox"/> Incline % of Slope _____ (Check One) <input type="checkbox"/> Decline <input type="checkbox"/> Split--describe _____	
Does the drive have any drains or other obstructions? <input type="checkbox"/> _____	

Notes:

For additional loading dock, construction and safety items go to www.alliedocksolutions.com.

Additional Notes:	Net price each: \$ Total net price: \$
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