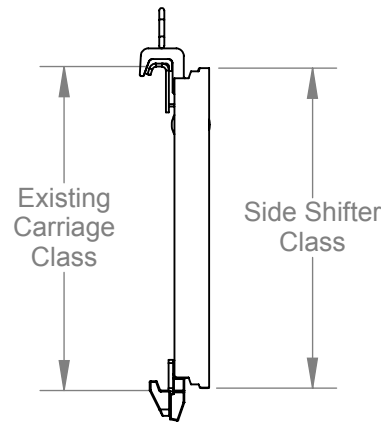
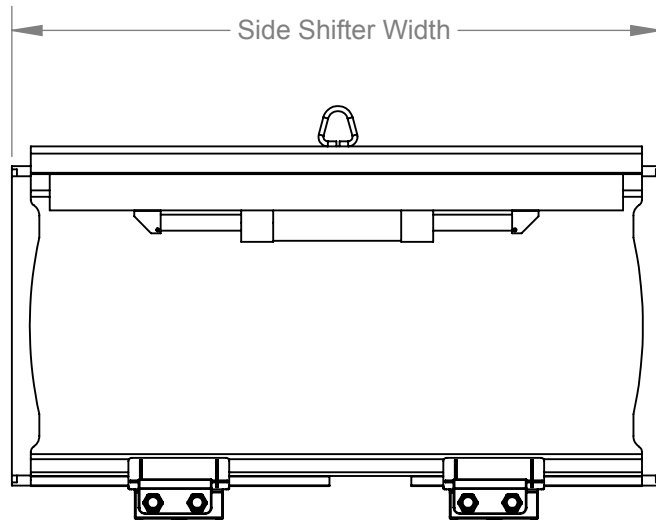
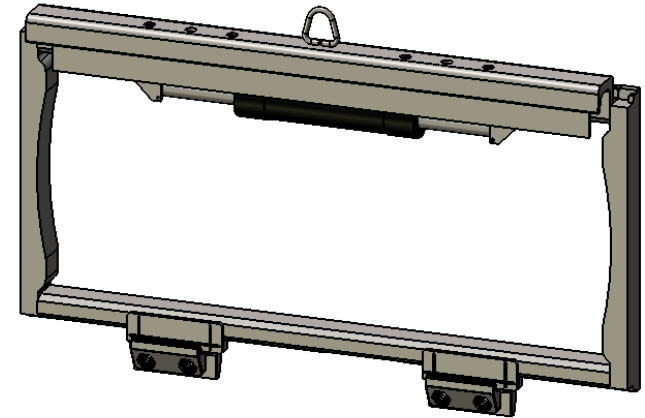


Machine Model #: _____
 Machine Capacity: _____

Fax: 913-227-0523
 SPECIAL ORDER NON RETURNABLE

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Date: _____
 Sales Rep: _____
 Company Name: _____
 Customer Name: _____
 Phone: _____



Side Shifter Class	II / III
Existing Carriage Class	
Side Shifter Width	
Existing Carriage Width	
Load Back Rest	Yes / No



Price \$: _____

Estimated Lead Time: _____

Customer Signature: _____ Date: _____

TITLE:		
Frame, Side Shifter		
SIZE	DWG. NO.	REV
A	Form-OF-005G	
SCALE: 1:12		SHEET 1 OF 1

	NAME	DATE
DRAWN	VS	28 Oct 14
CHECKED		
ENG APPR.		
MFG APPR.		
Q.A.		

Rev	By	Date	Description
5			
4			
3			
2			
1			