



QUOTE REQUEST

FOR JACKS, POWER UNITS, SLINGS, PLATFORMS & ACCESSORIES

Elevator Equipment Corporation

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Date: _____ Date Requested: _____

CUSTOMER INFORMATION

Customer: _____ Phone: _____ Ext. ____
 Contact: _____ Mobile: _____
 E-Mail: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Project Name: _____ Project Location: _____

REQUIRED DATA

of Cars: _____ In-Ground Holeless Passenger Freight, Class : _____
 Travel: _____ Speed: _____ Power: _____ Volt; _____ Phase; _____ Hz
 Job Specification: Y N _____ Landings; _____ Openings; _____ @Front; _____ @Rear; _____ @Side
 Doors: S.S. C.O. 2 SPD Other: _____ Entrance Size: _____ Wx _____ H
 Platform: _____ W x _____ D Cab Ht.: _____ Machine Room Location: _____
 Capacity: _____ Max W.P.: _____ Machine Room Door Width: _____
 Car Wt. : _____ Pump Output: _____ Hoistway: _____ Wx _____ D
 Piston Dia.: _____ or Circumference: _____ Pit Depth: _____ O.H: _____
 Gross Load: _____ Seismic: Zone 2 Zone 3 or Greater Biodegradable Oil

SYSTEM INFORMATION

<input type="checkbox"/> Modernization	<input type="checkbox"/> Telescopic 2 Stage	<input type="checkbox"/> Cantilever	Comments: _____ _____ _____
<input type="checkbox"/> Replacement	<input type="checkbox"/> Telescopic 3 Stage	<input type="checkbox"/> Roped 1:2	
<input type="checkbox"/> Repair	<input type="checkbox"/> Double Wall Jack	<input type="checkbox"/> Corner Post	
<input type="checkbox"/> Out of Service	<input type="checkbox"/> Double Bearing Jack	<input type="checkbox"/> Other _____	
<input type="checkbox"/> New Installation	<input type="checkbox"/> Dual Jacks		

JACKS

<input type="checkbox"/> Complete Jack	Oil Line Size: _____	<input type="checkbox"/> PVC <input type="checkbox"/> SCH 40 <input type="checkbox"/> SCH 80	Number of Sections: _____
<input type="checkbox"/> Cylinder Only	<input type="checkbox"/> Threaded	<input type="checkbox"/> Spare Packing	Or
<input type="checkbox"/> Cylinder w/ Head	<input type="checkbox"/> Grooved	<input type="checkbox"/> Pit Channels <input type="checkbox"/> Buffers	Length of Longest Section: _____
Cylinder O.D.: _____	<input type="checkbox"/> Tape Wrap	<input type="checkbox"/> Platen <input type="checkbox"/> Isolated	Cylinder Joint:
<input type="checkbox"/> Piston Only	<input type="checkbox"/> Epoxy Paint	<input type="checkbox"/> Future Travel Provision	<input type="checkbox"/> Threaded <input type="checkbox"/> No Weld
<input type="checkbox"/> Piston w/ Head	# of Coats: _____	<input type="checkbox"/> Electronic Leak Monitor System	<input type="checkbox"/> Slip Weld
Piston O.D.: _____	Piston Wall: _____		<input type="checkbox"/> Butt Weld

POWER UNITS

<input type="checkbox"/> Submersible	<input type="checkbox"/> Include Motor Starter	<input type="checkbox"/> Dampener	<input type="checkbox"/> 5 Micron Valve
<input type="checkbox"/> Belt Drive (Dry)	<input type="checkbox"/> ATL (Across The Line)	(EECO Muffler Standard)	Return Filtration System
<input type="checkbox"/> 80 St/Hr <input type="checkbox"/> 120 St/Hr	<input type="checkbox"/> Wye - Delta	<input type="checkbox"/> Low Pressure Switch	<input type="checkbox"/> Load Weighing Switch
<input type="checkbox"/> Left Hand <input type="checkbox"/> Right Hand	<input type="checkbox"/> Solid State	<input type="checkbox"/> Oil Heater	<input type="checkbox"/> H.P. Same As Existing
<input type="checkbox"/> Control Valve	<input type="checkbox"/> Starter Enclosure	<input type="checkbox"/> Viscosity Control	Existing H.P. _____
<input type="checkbox"/> EECO	<input type="checkbox"/> Mount on Power Unit	<input type="checkbox"/> Low Oil Switch	<input type="checkbox"/> Pressure Gage
<input type="checkbox"/> Other _____	<input type="checkbox"/> Valve In <input type="checkbox"/> Valve Out	<input type="checkbox"/> Oil Cooler	<input type="checkbox"/> Pressure Gage
	<input type="checkbox"/> Constant Down Speed Valve	<input type="checkbox"/> Air <input type="checkbox"/> Water	Fittings Only (Including
		<input type="checkbox"/> Pre-Wire	Shut-Off Valve)

PLATFORM SLING

Sub Floor: Plywood _____ Isolated Platform **Shoes:** Rigid
 Checker Plate _____ 26 Ga Fire Stop Swivel
 Special _____ Special _____

ACCESSORIES

<input type="checkbox"/> Rail Brackets; Qty _____	<input type="checkbox"/> Pipe Rupture Valve; Qty _____	<input type="checkbox"/> Limit Switch Bracket; Qty _____
<input type="checkbox"/> Rails; Qty _____	<input type="checkbox"/> Thd <input type="checkbox"/> Grv	<input type="checkbox"/> EECO Tape Selector Landing System
<input type="checkbox"/> Isolation Coupling; Qty _____	<input type="checkbox"/> Scavenger System	<input type="checkbox"/> Mainline Strainer; Qty _____
<input type="checkbox"/> Thd <input type="checkbox"/> Grv	<input type="checkbox"/> Controller	<input type="checkbox"/> Shut Off Valve; Qty _____
<input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"	<input type="checkbox"/> Limit Switch; Qty _____	<input type="checkbox"/> Thd <input type="checkbox"/> Grv
	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3"