



**Lift Technologies, Inc.**  
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# RFQ for Masts

Date:  
 Date Required:  
 AED:

## CUSTOMER INFORMATION

Dealer  OEM

Company: Phone: Fax:  
 Address: E-Mail:  
 City: State: Zip Code: Contact:  
 Country: Lift-Tek Sales:

## TRUCK INFORMATION

Truck Model: Truck OEM:  
 Serial # Truck capacity with mast (lbs): OEM Rating

## MAST INFORMATION

Mast Model: Overall lowered height: OAL Restriction?  
 Mast Capacity: Maximum fork height:  
 Load Center: Maximum freelif height:  
 Quantity: Underclearance:  
 Carriage Class: I II III IV Carriage Width:  
 Numer of rollers: 4 6 (6 carriage rollers recommended for attachments. Please inquire for 8 roller options.)  
 Sideshifter: Integral Sideshifters ISS FP Width:  
 Hang-on Fixed Carriage FP Stroke:  
 None  
 Hose Reeving: Single Function (3rd) Cold Storage Adaption (High RH QD Couplers:  
 Double Function (4th) Cable Reeving Termination) Kit: LH  
 None Other Both  
 Planned Attachments: Sideshifter Install Kit Attachment part number:  
 SS Fork Positioner Has mast been evaluated Attachment OEM:  
 Single/Double with specified attachment?  
 Cartron Clamp  
 Other  
 Load Backrest: x Please specify if a heavy duty LBR is required:

## APPLICATION

Description of Application (please list all critical specifications, including expected attachments):

Need critical mast specifications for OEM data plate rating (Form 29)? \_\_\_\_\_