



## Quote Form - Saf-T-Block

Customer Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Press #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tonnage: \_\_\_\_\_ Minimum Shut Height: \_\_\_\_\_ Max Shut Height: \_\_\_\_\_

Stroke: \_\_\_\_\_ Adjustment: \_\_\_\_\_ Ram Weight: \_\_\_\_\_

Bed Size (Front To Back): \_\_\_\_\_ (Left To Right): \_\_\_\_\_

Handle: \_\_\_\_\_ Power Cut-Off: \_\_\_\_\_ Drill/Tap: \_\_\_\_\_

Notes: \_\_\_\_\_

Press #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tonnage: \_\_\_\_\_ Minimum Shut Height: \_\_\_\_\_ Max Shut Height: \_\_\_\_\_

Stroke: \_\_\_\_\_ Adjustment: \_\_\_\_\_ Ram Weight: \_\_\_\_\_

Bed Size (Front To Back): \_\_\_\_\_ (Left To Right): \_\_\_\_\_

Handle: \_\_\_\_\_ Power Cut-Off: \_\_\_\_\_ Drill/Tap: \_\_\_\_\_

Notes: \_\_\_\_\_

Press #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tonnage: \_\_\_\_\_ Minimum Shut Height: \_\_\_\_\_ Max Shut Height: \_\_\_\_\_

Stroke: \_\_\_\_\_ Adjustment: \_\_\_\_\_ Ram Weight: \_\_\_\_\_

Bed Size (Front To Back): \_\_\_\_\_ (Left To Right): \_\_\_\_\_

Handle: \_\_\_\_\_ Power Cut-Off: \_\_\_\_\_ Drill/Tap: \_\_\_\_\_

Notes: \_\_\_\_\_

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