

QUOTATION REQUEST

1. Fill in the quotation form
2. Save the quotation form by clicking on the blue button
3. Submit the quotation form by clicking on the red button

SAVE

SUBMIT

MICRO-FRICTION® PUSH BACK

Date

COMPANY NAME

CONTACT PERSON and TITLE

TELEPHONE EXT. FAX

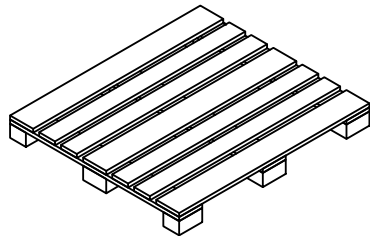
EMAIL

WEBSITE

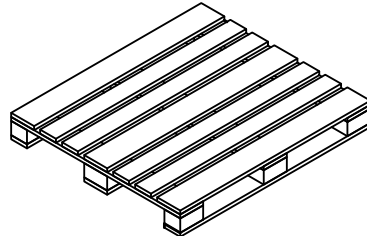
DRAWING REQUESTED YES NO

INDICATE TYPE OF PALLETS TO BE USED IN THE PUSH BACK

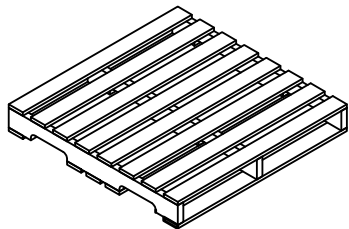
Note: if special pallets are being used, please join a picture or a drawing



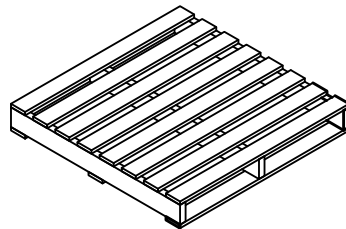
Four Way Entry
9 Bloc Pallet



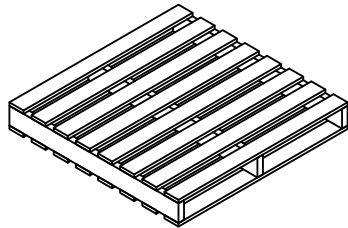
Four Way Entry
Block Pallet with
3 bottom planks



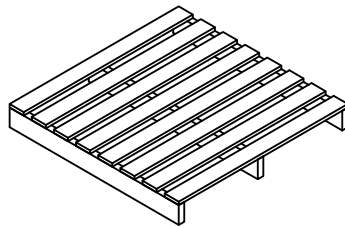
Four Way Entry
CPC Pallet



Two Way Entry
Limited Use Stringer Pallet
with 3 bottom planks



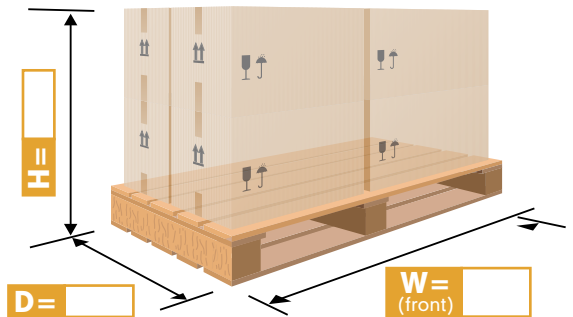
Two Way Entry
Reversible Pallet



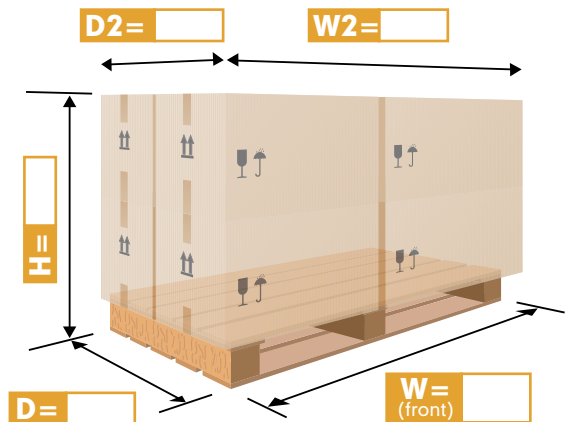
Two Way Entry
Single Faced Skid

LOAD TYPE & PALLETS DIMENSIONS

Fill Specified Dimensions



Pallet without overhang



Pallet with overhang

FILL CHARACTERISTICS OF YOUR FITTING

Weight per pallet	<input type="text"/>	Number of PushBack per section	<input type="text"/>
Number of pallets in deep	<input type="text"/>	Number of levels per section	<input type="text"/>
Number of sections	<input type="text"/>		

8500 St Patrick, Lasalle (QC) H8N 1V1 | Tel: 514-365-1616 | Toll Free: 866 336-1616
 Fax: 514-365-1949 | info@cosmeinc.com | www.cosmeinc.com

