

YOUR NAME: _____

PHONE: _____

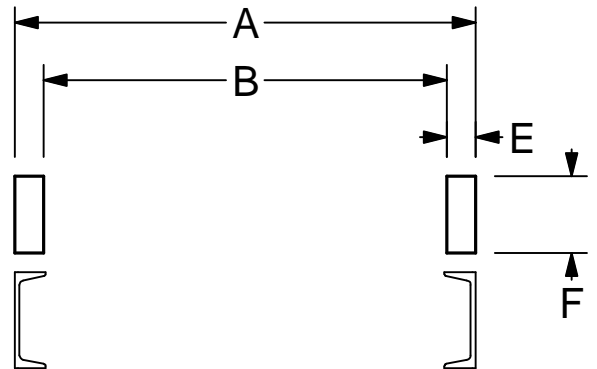
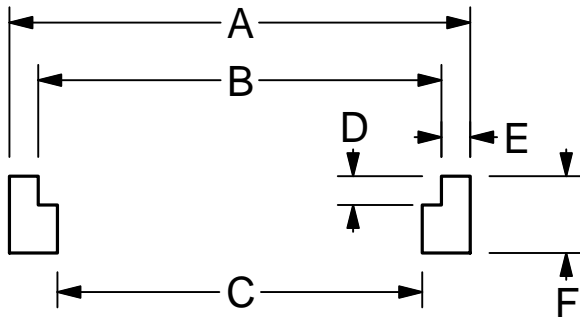
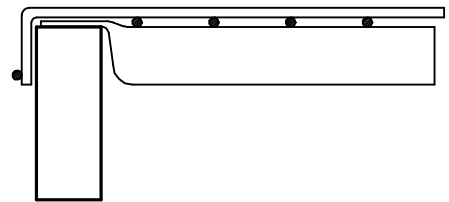
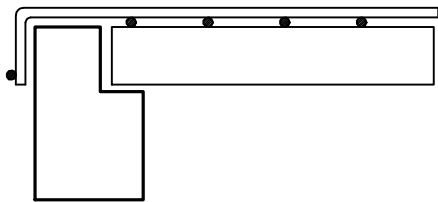
COMPANY: _____

E-MAIL: _____

PLEASE FILL OUT THE INFORMATION REQUESTED BELOW FOR EACH BEAM STYLE.
THEN FAX THIS SHEET BACK TO US AT THE TOLL FREE NUMBER ABOVE.
DO NOT HESITATE TO CALL US IF YOU HAVE ANY QUESTIONS.

STEP BEAM STYLE

BOX/C BEAM STYLE



- A: _____ OUTSIDE DEPTH
- B: _____ INSIDE CLEAR TOP
- C: _____ INSIDE BOTTOM
- D: _____ STEP DEPTH
- E: _____ TOP OF BEAM
- F: _____ FACE OF BEAM

OTHER INFORMATION:

- BRAND OF RACK: _____
- BEAM LENGTH: _____
- BEAM CAPACITY: _____
- QTY OF DECKS: _____