



Truck-Mounted Equipment
PTO and Hydraulic Drive Compressors, Generators and Welders
EQUIPMENT QUOTE FORM

1293 Glenway Dr. • Statesville, NC 28625 • Tel. (800) 633-5206 • Fax (866) 686-2726

Dealer Information:

Customer Information:

Name: _____

Name: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Location (City, State): _____

Location (City, State): _____

Form Completed By: _____

Date: _____

VEHICLE INFORMATION:

Year: _____ Make: _____ VIN: _____

Vehicle Model: _____ Engine (Make & Model): _____

Transmission (Make & **MODEL NUMBER**): _____

Driveline: 2WD 4WD

Cab Style: Standard Cab Crew Cab Extended Cab Other _____

Installation Configuration: Cab/Chassis Body-On

Body Type: Utility Van/Box Flatbed Pick-Up Other _____

Wheel Base: _____ in. (Centerline of Front Axle to Centerline of Forward Rear Axle)

Cab-to-Axle: _____ in. (Back of Cab to Centerline of Forward Rear Axle)

Fuel Tank(s): Midship Aft (Behind Rear Axle) Saddle (Under Step) Other

Exhaust Configuration: Driver-side Passenger-side Stack Other

Does the vehicle have a heavy-duty cooling package?: Yes No

Does the vehicle have air conditioning?: Yes No **Cruise Control?:** Yes No

Transmission PTO Port Locations: None Left-side Right-side Bottom

Does the vehicle currently have any other PTO or hydraulic driven systems and/or engine speed control systems on it? Yes No Explain: _____

Are there any other potential interferences for an under-chassis mounted system? _____

What potential QUANTITY of systems are being specified to this configuration?





CUSTOMER/USER INFORMATION:

What type of Business or Industry?: _____

What will the unit be used to operate (i.e., Type of tool or type of work)?: _____

In what area of the country will the unit be operated?: _____

COMPRESSOR INFORMATION:

What is the maximum rated air capacity desired?: _____ CFM

What is the maximum rated air pressure desired?: _____ PSI

Is a DUAL PRESSURE system desired?: Yes – Desired Pressures?: _____/_____ PSI
If “Yes”, what will be the application for each pressure setting?: _____

AVAILABLE COMPRESSOR FAMILIES (Please indicate which product you desire):

- Under-chassis, shaft-drive compressor system (60 – 220 CFM)
- Above-deck, hydraulic-driven compressor module (30 – 90 CFM)
- Other configurations or air capacities – Please specify: _____

Compressor System Cooling Preference?: Air Cooled (12V fan/cooler assembly)
 Water Cooled (water-to-oil heat exchanger)*
*Availability dependent on truck cooling system and operating conditions

ELECTRICAL ACCESSORY UNITS

- Generator – Desired power output?: _____ kW
- Welder/Generator – Desired welding amperage/power output?: _____ AMP / _____ kW
- Jumpstarter – Desired crank amperage?: _____ AMP

Electrical Accessory Unit Options:

- Three-function LED Meter (Voltage/Current/Frequency)
- Mig-gun Kit (available accessory for welder units)
- Welding cable (leads not included)

MISCELLANEOUS OPTIONS

- Tool Oiler
- Air Filter Service Indicator
- OSHA Valve
- Service Line Moisture Trap
- Control Line Moisture Trap
- PTO Air Shift Kit Option
- Air Hose – Length: 50 ft (3/4” Hose)... 100ft (3/4” Hose)..... 50ft (3/4” Lay-flat Hose)
- Hose Reels – *Hose Capacity*:..... 50ft..... 100ft
- Hose Reels – *Mounting Location*:..... Passenger Side..... Driver Side

THROTTLE CONTROLS

- Proportional, Electronic Controller
- Fixed Speed, Electronic Controller
- Other

OTHER IMPORTANT DETAILS

