

1325 Roll-Top Guardian

END USER:	RHC # _____ # of Units: _____ Date: ____/____/20____
BILL TO: Address: _____ City: _____ State _____ Zip _____ Contact(s): _____ Phone: _____ Fax _____ E-Mail _____ P.O. # _____	SHIP TO: Address: _____ City: _____ State _____ Zip _____ Contact(s): _____ Phone: _____ Fax _____ E-Mail _____ P.O.# _____
<input type="checkbox"/> CARRIER _____ Requested Ship Date: _____ Firm Date: _____ <input type="checkbox"/> Prepaid and Add <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid Third Party Billing _____ <input type="checkbox"/> Prepaid <input type="checkbox"/> Special Instructions _____ (address required) City _____ State _____	
Unit # / Location: _____ (New Order Form required for EACH unique unit)	10. Relay Control Box <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Customer: <input type="checkbox"/> Integrator/OEM or <input type="checkbox"/> End User	11. Motor Starter <input type="checkbox"/> 24VDC <input type="checkbox"/> 120VAC <input type="checkbox"/> 24VAC <input type="checkbox"/> None (not applicable if relay control box option is chosen)
2. Overall Opening Width _____ inches (48" thru 150", 1" incr)	12. Lever Arm Interlock Switch <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> None
3. Front Guide Height _____ inches (42" thru 84", 1" incr)	13. Non-Contact Interlock Switch <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> None Safety Controller wired in control box <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(will ship loose)</i>
4. Opening Depth <input type="checkbox"/> 36" <input type="checkbox"/> 42" <input type="checkbox"/> 48" <input type="checkbox"/> 54" <input type="checkbox"/> 60" <input type="checkbox"/> 66" <input type="checkbox"/> 72"	14. Full Width Curtain Vision (80 mil) <input type="checkbox"/> Amber <input type="checkbox"/> Clear <input type="checkbox"/> Shade 8 <input type="checkbox"/> Orange <input type="checkbox"/> None
5. 3-Phase Voltage <input type="checkbox"/> 208 <input type="checkbox"/> 230 <input type="checkbox"/> 460 <input type="checkbox"/> 575	15. Full Width Shroud <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Motor Location <input type="checkbox"/> Left <input type="checkbox"/> Right	16. Total Order: \$ _____
7. Motor Cable Length _____ ft	17. Entering Regional Manager: _____
8. Rotary Limit Cable Length _____ ft	
9. Partial Open Switches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Approval: Name: _____ Date: _____	
Comments: _____ _____	