

***= Required Field**

*Company Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Fax: _____

Website: _____ E-mail: _____

Please complete the following information:

1) Inches from pivot point to cable attachment _____

Chose one: Pivot weight: _____

Total weight _____

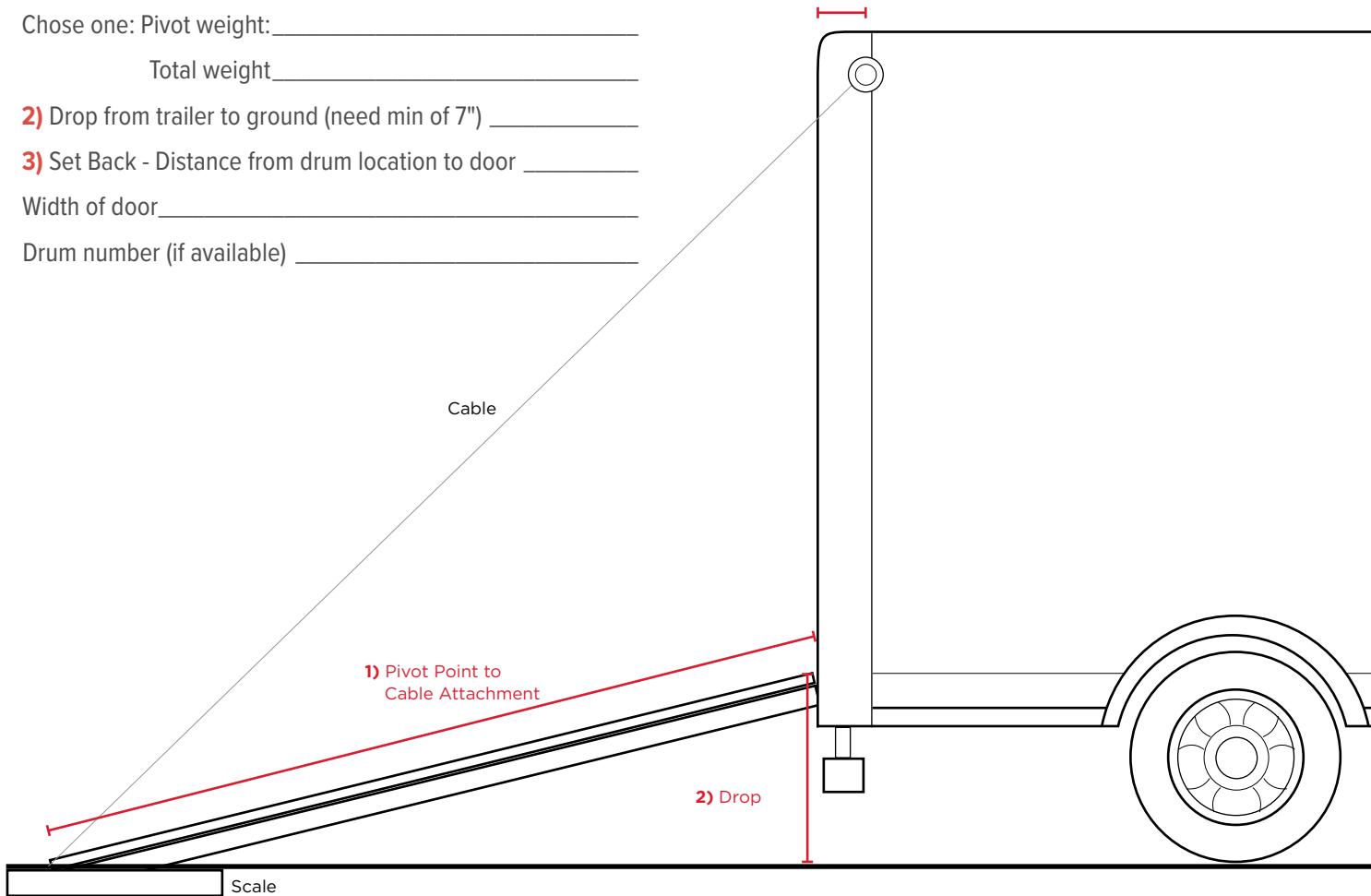
2) Drop from trailer to ground (need min of 7") _____

3) Set Back - Distance from drum location to door _____

Width of door _____

Drum number (if available) _____

3) Set Back Drum Location to Door



Scale

Total Weight = Door is at 90° Angle (Closed)
Pivot Weight = Door is resting on scale on ground (Open)



**TRAILER RAMP DOOR
QUOTE FORM**

Fax completed forms to 330.556.6686 or
or email sales@sscorp.com