SPECIAL OPTION REQUEST WORKSHEET

DATE REQUESTED: _____

TO: HYSTER APPLICATION ENGINEERING	**FROM:** _____
Berea Plant Fax (859) 986-5708 Greenville Plant Fax (252) 931-5233 Attention: _____ (Applications Engineer Handling Truck Series) E-Mail: _____	Dealer Name: _____ Dealer Location: _____ Dealer Phone: _____ Fax: _____ Dealer "Bill To" Code: _____
CUSTOMER NAME: _____ TRUCK MODEL: _____	QUANTITY REQUIRED: _____ DATE SOR REQUIRED: _____

DESCRIBE SPECIAL EQUIPMENT REQUESTED:

_____

_____

LIST OTHER OPTIONAL EQUIPMENT THAT WILL BE ORDERED ON THIS TRUCK:

_____

_____

IF SIMILAR SPECIAL OPTIONS HAVE BEEN PREVIOUSLY QUOTED OR ORDERED FOR THIS APPLICATION, LIST QUOTATION NUMBER, SOC CODE, OR DESCRIPTION OF OPTION:

_____

_____

DESCRIBE FACETS OF CUSTOMER'S APPLICATIONS WHICH ARE PERTIENT TO REQUESTED SPECIAL EQUIPMENT (eg. LOADS HANDLED, LIFT/LOWER HEIGHTS, ENVIRONMENTAL ISSUES):

_____

_____

_____

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