



YOUR BEST SUPPLIER FOR WHAT MOVES YOUR BUSINESS

Ph: (800) 886-BELT (2358) 2197 Canton Rd, Suite 208, Marietta, GA 30066 www.beltpower.com

BELT QUOTE FORM

1. REQUIRED INFORMATION:

BELT TYPE: _____ *DESCRIPTION:* _____
(TAKE PICTURES IF NEEDED)

BELT WIDTH: _____ *BELT LENGTH:* _____ OR

*CENTER TO CENTER OF PULLEY'S: _____
AND HEAD & TAIL PULLEY DIA'S
(IF UNABLE TO MEASURE BELT)

END PREPARATIONS: CLIPPER LACE / STAPLE LACE / ENDLESS / HIDDEN LACE

OTHER: _____

FABRICATION:

CLEATS:

HEIGHT: _____ *CENTER TO CENTER:* _____ *COLOR:* _____

INDENTED FROM EDGE: YES / NO *IF YES, DISTANCE FROM EDGE:* _____

V-GUIDES:

TYPE: (O / A / B / C / K6 / K8 / K10 / K13 / K17 / K22) (NOTCHED / SOLID)

QUANTITY: _____ *CENTER TO CENTER (IF MORE THAN 1):* _____

LOCATION: (COVER SIDE / PULLEY SIDE) (CENTERED / OFFSET FROM EDGE ___IN)
*EDGE OF BELT TO CENTER
OF GUIDE

2. HELPFUL INFORMATION:

FDA REQUIREMENTS: (YES / NO) *EXPOSED TO OUTSIDE WEATHER :* (YES / NO)

USDA REQUIREMENTS: (YES / NO) *AAA DAIRY REQUIREMENTS:* (YES / NO)

WHAT IS BEING CONVEYED: _____ *HOW MUCH TAKE UP:* _____

TEMP. OF MATERIAL ON CONVEYOR: _____ *POSITION OF TAKE UP:* _____

CONVEYOR BED: (ROLLER BED / SLIDER BED)

LAYOUT: (INCLINED / DECLINED / HORIZONTAL)