

UniChock™ Series Order Transmittal and Check Sheet

Date 7/20/2022

Salesman:		Office Phone:																					
Bill To Address:	Ship To Address:	End User Address:	End User Type: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> .com</td><td><input type="checkbox"/> Retail Distribution</td></tr> <tr><td><input type="checkbox"/> Aero/Auto</td><td><input type="checkbox"/> Retail Stores</td></tr> <tr><td><input type="checkbox"/> Consumer</td><td><input type="checkbox"/> Transportation</td></tr> <tr><td><input type="checkbox"/> Developer</td><td><input type="checkbox"/> Pharm/Medical</td></tr> <tr><td><input type="checkbox"/> Food/Beverage</td><td><input type="checkbox"/> Warehouse</td></tr> <tr><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> Stock</td></tr> <tr><td><input type="checkbox"/> Grocery Distribution</td><td><input type="checkbox"/> Farming</td></tr> <tr><td><input type="checkbox"/> Grocery Retail</td><td><input type="checkbox"/> Technology</td></tr> <tr><td><input type="checkbox"/> Industrial</td><td><input type="checkbox"/> Service</td></tr> <tr><td></td><td><input type="checkbox"/> Entertainment</td></tr> </table>	<input type="checkbox"/> .com	<input type="checkbox"/> Retail Distribution	<input type="checkbox"/> Aero/Auto	<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Consumer	<input type="checkbox"/> Transportation	<input type="checkbox"/> Developer	<input type="checkbox"/> Pharm/Medical	<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Government	<input type="checkbox"/> Stock	<input type="checkbox"/> Grocery Distribution	<input type="checkbox"/> Farming	<input type="checkbox"/> Grocery Retail	<input type="checkbox"/> Technology	<input type="checkbox"/> Industrial	<input type="checkbox"/> Service		<input type="checkbox"/> Entertainment
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PO #	Requested Ship Date:	Shipping Instructions:																					
Quantity	Carrier	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Flatbed Required																				
Restraint Model: UniChock	Quote #	<input type="checkbox"/> Third Party	<input type="checkbox"/> Van Required																				
Comments:	Phone #	<input type="checkbox"/> Collect																					
Dock Height (Dimension B)	Dock Light Placement (Dimension C)		Notes:																				
Decline Drive %	Incline Drive %	Level Drive <input type="checkbox"/>																					
<input type="checkbox"/> Seals/shelters present at dock Distance between shelter sides (Dimension A) Dock Seal/Shelter Projection (Dimension D)																							
<input type="checkbox"/> Cantilevered dock Please describe			Notes:																				
Select One of the following		Mounting Options																					
<input type="checkbox"/> Door Closed – Ready to Store Unichock <input type="checkbox"/> Leveler Stored – Ready to Store Unichock		<input type="checkbox"/> Standard Wall Mount <input type="checkbox"/> Optional Stand-Off/Cantilever Bracket <input type="checkbox"/> Optional Drive Mount Bracket <input type="checkbox"/> Concrete Drive <input type="checkbox"/> Asphalt Drive																					
For additional loading dock, construction and safety items go to www.alliedproductsolutions.com .																							
Additional Notes:			Net price Each \$																				
			Total Net Price \$																				

