



American Sales Development

Company Name: _____

Address: _____

Buyer: Phone #: _____

E-Mail: Fax #: _____

Product to be moved: _____

Floor Surface: _____

How are you currently moving the load? _____

Weight of Load (lbs.): # of Moves/Day: _____

Distance of Move (ft.): Size of Load (ft.): _____

Number of People Power to Move Cart: _____

Number of Carts to Move at One Time: _____

Do you want to Push or Pull the Cart? _____

Do you currently have carts on wheels? _____

Can the carts be modified to attach to the Load Mover? _____

Sketch your cart as it would attach to the Load Mover: