



ACSI Order Entry Form

To avoid delays and changes when processing your order, this order form should be filled out completely.

Distributor Name: _____ Ship to: _____
 P.O. Number: _____
 Conveyor Mark: _____ Routing: _____
 ACSI Quote #: _____
 Today's Date: _____ Collect Prepaid UPS Third Party

Qty.	Model	Length (OAL)	BF	C/S	OAW	Roller Ctrs.	Belt Width/Type	Speed FPM	Base Price
Motor _____ HP ____/____/____ TE _____ INV. DUTY _____ EXPR _____									
Elevation: Infeed _____ Discharge _____ Casters _____ Knee Braces _____									
Drive Type: <input type="checkbox"/> Center <input type="checkbox"/> End <input type="checkbox"/> Overhead <input type="checkbox"/> Side Mount <input type="checkbox"/> Floor Mount <input type="checkbox"/> Timing Belt Drive <input type="checkbox"/> Chain Drive									
Drive Pulley: <input type="checkbox"/> 4" Diameter <input type="checkbox"/> 6" Diameter <input type="checkbox"/> 8" Diameter <input type="checkbox"/> 12" Diameter									
Tail Pulley: <input type="checkbox"/> 4" Diameter <input type="checkbox"/> 6" Diameter <input type="checkbox"/> 8" Diameter									
Drive Shaft: <input type="checkbox"/> 1 3/16" Diameter <input type="checkbox"/> 1 7/16" Diameter <input type="checkbox"/> 1 15/16" Diameter									
Tail Shaft: <input type="checkbox"/> 1 3/16" Diameter <input type="checkbox"/> 1 7/16" Diameter <input type="checkbox"/> 1 15/16" Diameter									
Guard Rails: <input type="checkbox"/> Adj. Channel <input type="checkbox"/> One Side <input type="checkbox"/> For Bed Length Only <input type="checkbox"/> Solid Type <input type="checkbox"/> Both Sides <input type="checkbox"/> To Extend Over Pulleys <input type="checkbox"/> Channel Type <input type="checkbox"/> Angle Height of Non-Adj. Guard Rail: _____									
Feeder: <input type="checkbox"/> Integral Feeder Length _____ <input type="checkbox"/> Chain Elevations _____									
<input type="checkbox"/> Double Noseover <input type="checkbox"/> Single Noseover <input type="checkbox"/> Located as standard Other Location: _____									
Motor Starters: <input type="checkbox"/> Manual (Start/Stop Only) <input type="checkbox"/> Mounted/Wired <input type="checkbox"/> One Direction (Magnetic) <input type="checkbox"/> Not Mounted/Wired <input type="checkbox"/> Reversing (Magnetic) Motor Voltage: _____ Control Operating Voltage: _____									
Push Buttons: (For Magnetic Starters) <input type="checkbox"/> Start/Stop <input type="checkbox"/> Up/Down/Stop <input type="checkbox"/> For/Rev/Stop									
Paint (standard powder coat colors): <input type="checkbox"/> ACSI Green <input type="checkbox"/> ACSI Gray <input type="checkbox"/> ACSI White <input type="checkbox"/> ACSI Dark Blue <input type="checkbox"/> ACSI Tan <input type="checkbox"/> ACSI Black Special Paint: _____									