



# 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
<b>Motor</b> _____ <b>HP</b> _____/_____/_____ <b>TE</b> _____ <b>INV. DUTY</b> _____ <b>EXPR</b> _____									
<b>Elevation:</b> Infeed _____ Discharge _____ Casters _____ Knee Braces _____									
<b>Drive Type:</b> <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									
<b>Drive Pulley:</b> <input type="checkbox"/> 4" Diameter <input type="checkbox"/> 6" Diameter <input type="checkbox"/> 8" Diameter <input type="checkbox"/> 12" Diameter									
<b>Tail Pulley:</b> <input type="checkbox"/> 4" Diameter <input type="checkbox"/> 6" Diameter <input type="checkbox"/> 8" Diameter									
<b>Drive Shaft:</b> <input type="checkbox"/> 1 3/16" Diameter <input type="checkbox"/> 1 7/16" Diameter <input type="checkbox"/> 1 15/16" Diameter									
<b>Tail Shaft:</b> <input type="checkbox"/> 1 3/16" Diameter <input type="checkbox"/> 1 7/16" Diameter <input type="checkbox"/> 1 15/16" Diameter									
<b>Guard Rails:</b> <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: _____									
<b>Feeder:</b> <input type="checkbox"/> Integral <input type="checkbox"/> Chain Feeder Length _____ Elevations _____									
<input type="checkbox"/> <b>Double Noseover</b> <input type="checkbox"/> <b>Single Noseover</b> <input type="checkbox"/> <b>Located as standard</b> Other Location: _____									
<b>Motor Starters:</b> <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: _____									
<b>Push Buttons:</b> (For Magnetic Starters) <input type="checkbox"/> Start/Stop <input type="checkbox"/> Up/Down/Stop <input type="checkbox"/> For/Rev/Stop									
<b>Paint (standard powder coat colors):</b> <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 <b>Special Paint:</b> _____									