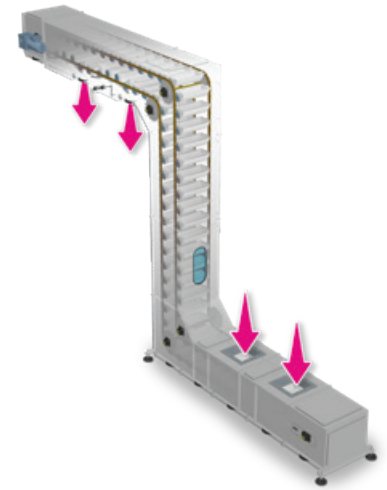
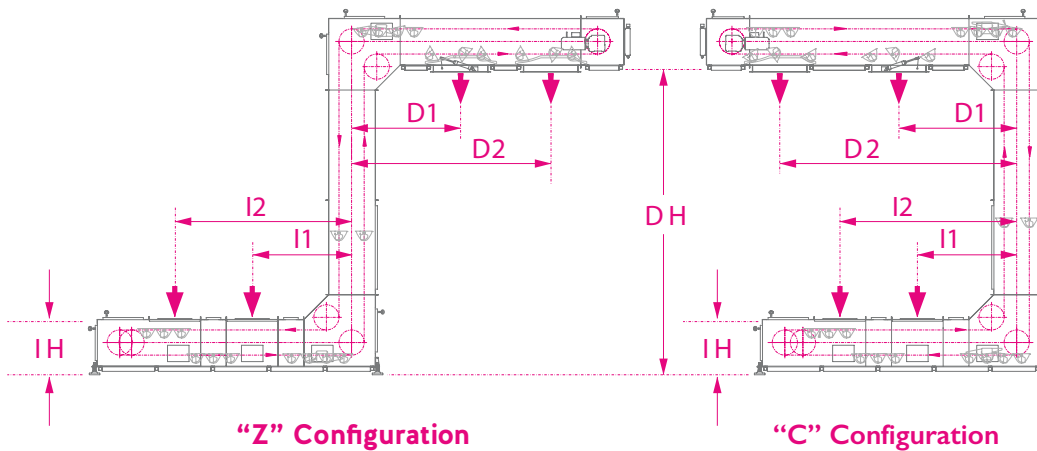




Request for Quotation

Fill out this form and fax it to 757.898.1580, or e-mail to sales@ryson.com.
You can also [fill out this RFQ online](#).



Contact Information

Name: _____
Address: _____

Company: _____
E-mail: _____
Phone: _____ Fax: _____

Product Information

Product to be Transported: _____
Product Moisture Percent: _____ Temperature of Product: _____

Volume & Capacity Requirements

Product Density: _____ Capacity: _____ Required Volume: _____
(lbs/ft³) (lbs/hr) (ft³/hr)

Conveying Requirements (see drawing for legend)

Configuration ☐ Z ☐ C ☐ Other Infeed Height (IH): _____ Discharge Height (DH): _____
I1 Dimension: _____ I2 Dimension: _____ I3 Dimension: _____
D1 Dimension: _____ D2 Dimension: _____ D3 Dimension: _____

If additional Infeed or Outfeed stations are needed, please describe here:

Bucket Elevator Requirements

How many Bucket Elevators needed: _____ Date of delivery Preference: _____
Finish: ☐ Powder Coated ☐ Stainless Steel RAL color Preference: _____
Options: ☐ Stainless Steel Buckets ☐ Dust Tight Enclosures Power Supply: _____
(Volts / Phases)

Environmental Considerations

Facility Operating Temperature: _____ Facility Humidity: _____

Additional Information / Requests: _____

