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**Light Duty Gravity Roller Conveyor
Quote Worksheet**

Company Name: _____ Date: _____
Contact Name: _____ Due Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Desired Delivery Date: _____

Size of Product to be conveyed:

Max: Length: (inches) _____ Width: (inches) _____
Height: (inches) _____ Weight: (pounds) _____
Min: Length: (inches) _____ Width: (inches) _____
Height: (inches) _____ Weight: (pounds) _____
Description of Product: _____
Foot Print of Product: _____
Max Quantity on conveyor: _____ Total Live Load: _____
Environment: _____ Temperature: _____
Product to be conveyed: _____

Conveyor Requirements:

Conveyor Between Frame: : 12"OAW____, 18"OAW____, 24"OAW____, Other _____
Straight - Conveyor Length: _____ (Available in 1-foot increments)
Curve Section - Degree of Curve: _____ (standard curves: 45 & 90 degree)
- Outside Radius: _____ (standard 4')
Side Frames - 2-1/2" x 1" Formed Channels: Galvanized____ Aluminum____ (rollers high)
Side Frames - 3-1/2" x 1" Formed Channels: Galvanized____ Aluminum____ (rollers low)
Roller Centers: _____ (Standard: 1-1/2", 3", 4-1/2", 6", 9" or 12")
Roller: 1-3/8" OD - Galvanized____ Aluminum____
Side Guards: _____ (See Conveyor Accessories for Details)

Do you need Supports:

Will the Conveyor be portable (not fastened to the floor): _____
Will the Conveyor be fixed or permanent mounted with floor supports _____
Conveyor Height:(Floor to top of rollers)
In-feed Elev.: _____ / Discharge Elev.: _____
Ceiling Hangers: _____
Will conveyor be attached to Powered Conveyor: _____

Please attach any other; Notes, Specifications, Special Instructions, Photos or Drawings
Return by Fax @ 817-465-8305 or Email to sales@bnb-industries.com