



BNB Industries, Inc.

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**Live 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: _____

Application Information:

Belt Speed or Conveyor Rate: _____ FPM (Fixed or variable speed)
or _____ Ea. (how many items to be conveyed per hour)
Stop/Start: _____ - Will conveyor be stopped and started under full load ?
Reversing: _____ - (Yes or No)
Transportation: _____ or Minimum Pressure Accumulation: _____
Conveyor Height: Infeed Elev. _____" / Discharge Elev. _____" / Ceiling Hangers: _____ (Yes/No)
How is conveyor loaded: _____ (Conveyor, Hand, Fork Lift or Other)
Electric Power available for conveyor drive: _____ Voltage, _____ Phase and _____ Hertz

Conveyor Requirements:

Conveyor Belt Width: _____"
Conveyor Length: _____ Available in 1-foot increments (5 ft. minimum)
Conveyor Bed Type: _____ (Bed Driven, Line Shaft Driven or Power Roller Driven)
Drive Type: _____ (Under Hung, Side Mounted, Shaft mounted or Overhead mounted)
Drive Location: _____ / _____ (Center or Infeed End - Right Hand or Left Hand Side.)
Conveyor Construction: _____ (Painted or Galvanized mild steel, Stainless steel or Other)
End Stop _____ Blade or Roller Stop _____ (Manual or Air Operated)
Side Guards: _____ (See Conveyor Accessories for Details)

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