

RMH HYDRAULIC KIT QUOTE REQUEST

FAX TO RMH AT 303-774-7702

OR CALL RMH AT 1-800-448-3726

Date: _____

CARRIER:

**EXCAVATOR OR
BACKHOE**

Model (Include Dash No.): _____ Make: _____
Stick Length (ft/in): _____ Serial Number: _____

ATTACHMENT TYPE:

Attachment Model / Attachment Mfr. / Serial Number / Flow (GPM) / Pressure
Required Required

Uni-Directional

➤ Hammer/Breaker	_____	_____	_____	_____	_____
➤ Vibratory Compactor	_____	_____	_____	_____	_____
➤ Cutter	_____	_____	_____	_____	_____
➤ Sweeper	_____	_____	_____	_____	_____
➤ Other	_____	_____	_____	_____	_____

Bi-Directional

➤ Shear	_____	_____	_____	_____	_____
➤ Pulverizer	_____	_____	_____	_____	_____
➤ Thumb	_____	_____	_____	_____	_____
➤ Clamp	_____	_____	_____	_____	_____
➤ Grapple	_____	_____	_____	_____	_____
➤ Other	_____	_____	_____	_____	_____

Number of Hydraulic Kits Total: _____ (Multiple Discount May Apply)

Company: _____ Contact: _____

Address: _____ State/Prov: _____ Zip Code: _____

Country: _____ E-Mail: _____

Phone: _____ Fax: _____

Additional Info / Kit Preferences:

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To Be filled out by RMH, Inc.

Delivery Lead Time: _____, List Price: _____, Discount: _____, Net Price: _____

Notes/ Kit Part No./s: _____

Thank You for the Quote Opportunity!!

1804 Skyway Drive, Unit C - Longmont, CO 80504 - Phone: 1-800-448-3726

RMH HYDRAULIC KIT ORDER FORM

FAX TO RMH AT 303-774-7702
OR CALL RMH AT 1-800-448-3726

Date: _____

CARRIER:

EXCAVATOR OR Model (Include Dash No.): _____ Make: _____
BACKHOE Stick Length (ft/in): _____ Serial Number: _____

ATTACHMENT TYPE:

Attachment Model	Attachment Mfr.	Serial Number	Flow (GPM) Required	Pressure Required	(Kit Part No.)	Qty	List Price	Ea.
_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	_____	_____	\$ _____	_____
Total:							\$ _____	_____

Customer / Bill To:

Ship To:

Company: _____
Contact Name: _____
Address: _____
State: ____ Zip Code: _____ Country _____
Phone: _____
Fax: _____

Company: _____
Contact Name: _____
Address: _____
State: ____ Zip Code: _____ Country _____
Phone: _____
Fax: _____

PURCHASE ORDER NO. _____

Shipping Method: _____

Total List Price: \$ _____

Freight Terms: Collect or PP & Bill

Total Net Price: \$ _____

Air Express Acct #: _____

Additional Info / Notes: _____

Shipment and Delivery: All Products shall be shipped F.O.B. Seller location or Seller's vendor's location unless specified otherwise.
See Condition of Sale Document.

Thank You for Your Order!

1804 Skyway Drive, Unit C - Longmont, CO 80504 - Phone: 1-800-448-3726