Porta-Safe®

Cart Designer Worksheet

Please fill out as much of the worksheet as possible and send via email to SALES@PORTA-SAFE.COM
Also feel free to call our technical staff at 201-641-2130 for assistance

Primary Power Input:

- Voltage: _____ Other: _____
- Current: _____ Amps
- Input Connection Type: _____
  - Primary SO Cord (if needed): _____ ft.
  - Plug Type (if known): _____

Primary / Weld Receptacles:

	Qty	Voltage	Amps	Receptacle Style	Model or NEMA #:	Additional Notes:
•						
•						
•						

Secondary Power / Receptacles:

- Voltage: _____ Other: _____

	Qty	Voltage	Amps	GFCI	Receptacle Style	Model or NEMA #:	Additional Notes:
•							
•							
•							
•							

Additional Options:

- Enclosure Type: _____
- Color: _____
- Style (check all that apply): Wheels ☐ Lift Eyes ☐ Forklift Slots ☐ Cord Storage ☐
- Special Requests: _____

Contact Info:

Full Name: _____ Company: _____

Plant/Facility: _____ Zip Code: _____

Phone: _____ E-Mail: _____