

Email: order@hylandsystems.com

Fax: 507-969-0156

Conveyor Order Form

Customer: _____

Phone & e-mail: _____

Conveyor Capacity (BPH): _____

Length: _____

Take-up head or Tail: _____

Material: _____

Drive on RH or LH: _____

Bypass inlet: _____

Discharge Transition: _____

Options for Incline Conveyor

Incline Angle: _____

Discharge Height: _____

Hopper Yes or No? _____

Hopper Length: _____

Horizontal section length: _____



