

***= Required Field**

*Company Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Fax: _____

Website: _____ E-mail: _____

Residential: _____ Commercial: _____

Swing: _____ Barrier: _____ Slide: _____

Model Number: _____

Single Gate Operation: _____ Dual Gate: _____

Voltage

115V Single Phase _____ 230V Single Phase _____

208V 3 Phase _____ 230V 3 Phase _____

460V 3 Phase _____ 575V 3 Phase _____

Other _____

Horsepower

1/2 HP: _____ 3/4 HP: _____ 1 HP: _____

Heater Required Loop Detectors Keyless Entry

Special Modifications: _____



**ONLINE QUOTE
FORM**

**LIFTMASTER GATE
QUOTE REQUEST**

Fax completed forms to **800.752.8524** or
419.838.6071 or email sales@sscorp.com