



MANARAS-OPERA
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RAPIDO RSH OPERATOR INFORMATION REQUIREMENT FORM FOR SECTIONAL DOORS

DATE: _____

P.O. #: _____

CUSTOMER: _____

SHIP TO: _____

CONTACT NAME: _____

SHIP VIA: _____

TEL #: _____

FAX #: _____

DATE REQUIRED: _____

Quantity	Door Dimensions W x H	Elevation Type (inch)	Average Door Speed Required	Door Weight (lbs)	Drum Size	Shaft & Keyway Sizes	Left or Right Hoist	Field Power Supply & Phase

JOB/CLIENT SIGNATURE: _____

QUOTE REF: _____

NOTES: _____

MANARAS-OPERA INTERNAL USE ONLY:

COMPLETED BY: _____

Manaras-Opera Order #: _____

Fax us your order at 1-888-626-0606 or email it to: info@manaras.com