

StrongArm™ M30 & M50 Order Form

To process your StrongArm M30 or StrongArm M50 order, it is a requirement that you fill out all the customer information fields on this Order Form and sign all the necessary applications and agreements.

Date: _____ Purchase Order #: _____

Installer Company: _____ Contact Person Name: _____

Contact Phone #: _____ Contact Email: _____

Job site: _____ Job site City, State: _____

Anchor and Template Kit: (When ordering, consider the time frame required for the concrete foundation to properly cure)

- ☐ Ship in advance
☐ Ship with operator

Only one form is required when ordering multiple, identical StrongArm M30/M50 operators. Indicate quantity here: _____

1) Model:

- ☐ StrongArm M30 ☐ StrongArm M30 NP (No Power) ☐ StrongArm M30 CE
☐ StrongArm M50 ☐ StrongArm M50 NP (No Power) ☐ StrongArm M50 CE

2) Voltage and Phase: (Check One)

60HZ: ☐ 208 V 1Ø ☐ 230 V 1Ø ☐ 208 V 3Ø ☐ 230 V 3Ø ☐ 460 V 3Ø

50HZ:  ☐ 220 V 1Ø ☐ 220 V 3Ø ☐ 380 V 3Ø

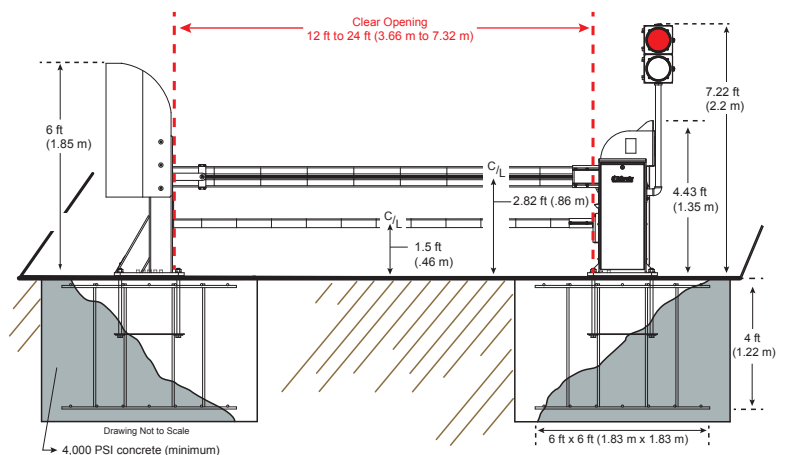
NP (No Power) ☐

3) Pivot Posts, Catch Posts and Panel Covers: (Check One)

- ☐ Safety Yellow
☐ Galvanized
☐ Custom Color (RAL # _____)

4) Clear Opening: (Check One) * Measure Clear Opening

- ☐ 12 ft (366 cm)
☐ 14 ft (427 cm)
☐ 16 ft (488 cm)
☐ 18 ft (549 cm)
☐ 20 ft (610 cm)
☐ 22 ft (671 cm)
☐ 24 ft (732 cm)
☐ Custom Length** _____



* Note: Barrier Arm adds 2 ft (61 cm) to the shipping container

** Note: Custom Lengths available in 1 inch increments. Longer lead times will apply. Please call Sales for details.

 - Indicates an additional charge.

5) **Photo Eye:** (Standard Equipment. Check appropriate box for your site.)

☐ Wired Transmitter ***

6) **Options:** (Check all that apply)

- ☐ Catch Post Heater
- ☐ Pivot and Catch Post Heater
- ☐ Pivot Post Heater
- ☐ Biodegradable Fluid
- ☐ AC Power Supply w/HyInverter AC
- ☐ Radio Receiver: Single Channel Open
- ☐ Maglock
- ☐ ExtremeCycle

*** Note: Installing a wired transmitter requires a separate run of conduit for low voltage wires

The order form must be fully completed and signed before the order will be processed. Review form to be sure all appropriate boxes were checked.

It is the responsibility of the customer to verify that the information on this order form is accurate. All custom orders are non-returnable.*

Date: _____ Person completing this form: _____

Operator invoice # _____ or Operator PO # _____

Ship To Company: DF Supply, Inc.

Address: 10050 Wellman Rd.

City, State, Zip: Streetsboro, OH 44241