

**TITAN Inclined Platform Lift
EVALUATION/ORDER FORM**



Date _____
 Sales Representative _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____
 Quote Order

Account Number _____
 Projected Close Date _____
 Purchase Order Number _____
 Ship To Address _____

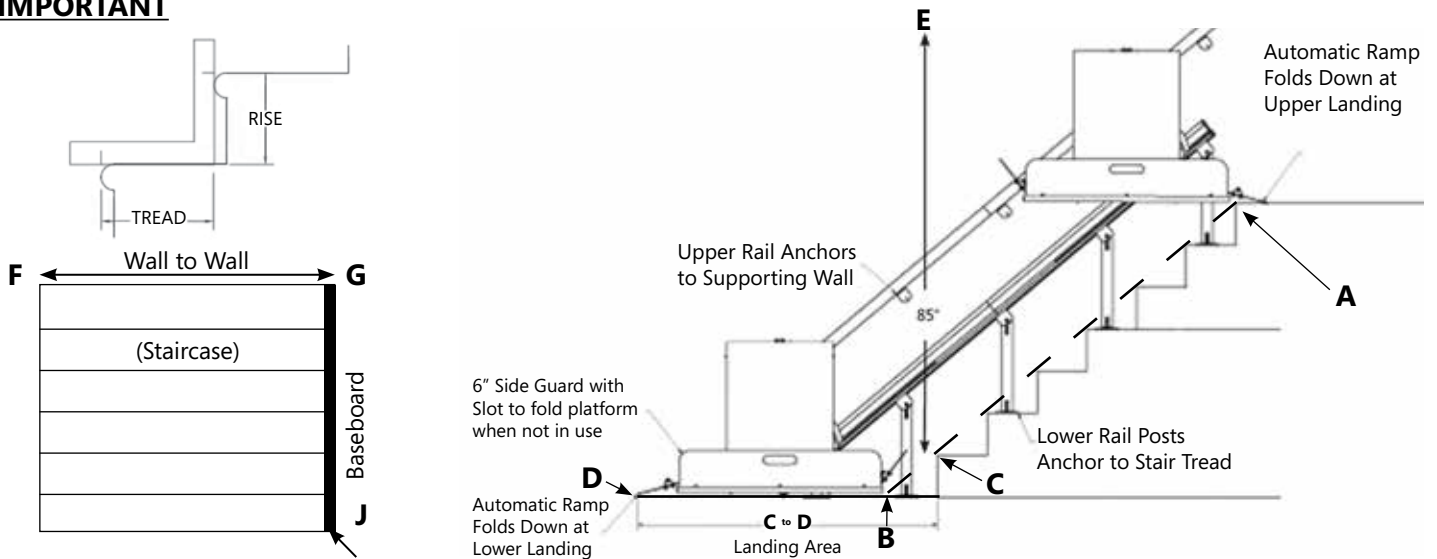
 Contact _____
 Phone _____

Shipping Method:
 Pick-up Common Carrier Flatbed w/Forklift
 Yes No

Application: Residential - Single Family Home
 Opportunity Reference / Project Name _____

FOR INDOOR RESIDENTIAL MANUAL WHEELCHAIR USE ONLY

IMPORTANT



Measurements

_____ **A to B** - Inches from top landing diagonally to bottom floor

_____ **C to D** - Inches top corner of bottom riser to opposite wall
 (minimum 57" required for lift, plus turning space)

Average Rise _____ inches **Average Tread** _____ inches **Number of Risers** _____

_____ **C to E** - Inches headroom / clearance from ceiling edge to stairs (minimum 85")

Stair Case Width

_____ **F to G** - Inches wall to wall / end of step

_____ **J** - Inch baseboard thickness

Platform

- Select one
- 25" x 36" (standard) requires 35" min. stair width*
 - 27.5" x 36" requires 37" min. stair width*
 - 27.5" x 36" 90 degree Enter / Exit requires 42" min. stair width*
- *If free standing posts, add 2 1/2"

Track

- IL500R - Additional foot of track (Includes track, handrail, mounting brackets) Quantity _____

Wall Type for Horizontal Mounting

- Select one
- Wood Stud
 - Metal
 - Masonry
 - Other _____
- Standard mounting hardware kit is for wood studs only. Other mounting options must be supported and supplied by dealer.*

Options

- Fold-down Seat
- Keylock (unit only)

Application

- Select one
- Wall Mount
 - Free Standing
If free standing, ____ # post kits
Post kits are required every other step

Chair Information

- Manual Wheelchair
_____ Make
_____ Model
_____ Length
_____ Width

Orientation from Bottom

- Right Hand
- Left Hand

Drawings

- DRAWING FOR APPROVAL
An application-specific drawing is requested and production will be scheduled after return of signed approval drawing. Upcharge if lift is not ordered within 90 days of drawing submission.

ADDITIONAL INFORMATION

VISIBLE DAMAGE: You must note any visible damage on the freight bill. If product damage is obvious, we recommend a further immediate inspection to see what other damage may be concealed, and this also must be written on the freight bill.

CONCEALED DAMAGE: If no damage was immediately evident, but is found later (within 48 hours), stop what you are doing and call the freight company immediately to report concealed damage.

Pictures of the damage are great support in any freight claim and are strongly recommended. Failure to take these steps may preclude your ability to be reimbursed for any damage in transit. We have personnel available to assist with this process Monday – Friday, 7:30 am – 5:00 pm CST by calling 800-922-3659.

Thank you for your business



I have read and understand the above:

Date: _____

Print Name: _____

Sign Name: _____