

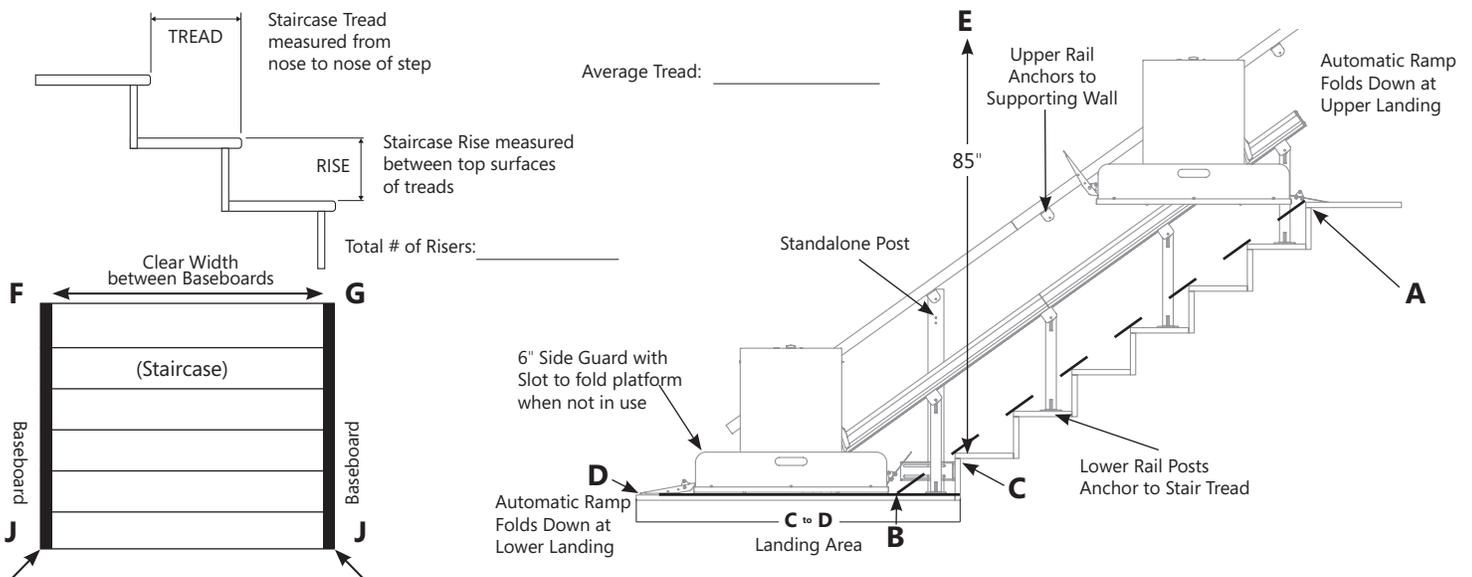
Quote Order

Date: _____
 Sales Representative: _____
 Dealer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Account Number: _____
 Projected Close Date: _____
 Purchase Order Number: _____
 Ship To Address: _____
 Contact: _____
 Phone: _____
 Opportunity Reference / Project Name: _____

Shipping Method: Pick-Up Common Carrier

FOR INDOOR RESIDENTIAL MANUAL WHEELCHAIR USE ONLY



MEASUREMENTS

_____ A to B - Inches from top landing diagonally to bottom floor
 _____ C to D - Inches from top corner of bottom riser to opposite wall (minimum 60" required for lift, plus turning space)

List height of top riser: _____ inches List height of bottom riser: _____ inches

List any other risers that differ in height. (Provide sketch of stairs and measurements on pg. 2)
 Riser #: _____ inches Riser #: _____ inches Please provide sketch of stairs and measurements on pg. 2
 Riser #: _____ inches Riser #: _____ inches

_____ C to E - Inches headroom/clearance from ceiling edge to stairs (minimum 85") - NOTE all stair treads.

STAIRCASE WIDTH

_____ F to G - Inches wall to wall / end of step
 _____ J - Inch thickness of baseboard _____ J - Inch thickness of baseboard

