

Customer Name: _____ Sales Person: _____

Description of product: _____

Date: _____ Signature: _____

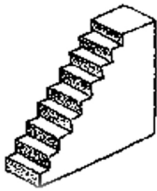
IS DELIVERY ON GROUND LEVEL ? IF YES YOU ARE DONE

Circle one: Upstairs or Downstairs

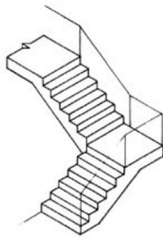
Approximately how many stairs? _____ How many floors? _____

CIRCLE THE ONE THAT BEST DESCRIBES YOUR STAIR CONFIGURATION

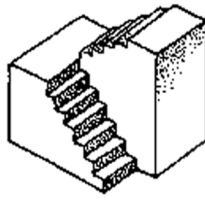
Straight



90 Degree



Return Stairs



Circular



Spiral



Top of stairs: Is there a wall opposite door that hinders the delivery? Yes No

If yes than...

Door height:

Door width:

Ceiling height:

Distance to wall:



Bottom of stairs: Is there a wall at bottom that hinders the delivery? Yes No

If yes than...

Removeable hand rail?

Ceiling height:

Distance to wall:

