

Date: _____

How did you hear about us? _____

Quick Cab™ Sales Representative: _____

Local Service Provider: _____

Service Provider Contact Phone Number: _____

ORDER PROCESSING INSTRUCTIONS

- ⇒ For your convenience, it is only necessary to fill out sections of this form that are pertinent to your elevator, Please fill out your order form as completely as possible to ensure an exact fit for your elevator cab.
- ⇒ A separate order form must be completed for different size cabs. Identical cabs may use the same order form; **WARNING!! each cab must be individually measured to guarantee they are exactly alike before submitting a form for multiple cabs.**
- ⇒ **CRITICAL!!** If your cab has unique features, please note the features in the notes sections and send digital photos to your service provider or sales@quickcabs.com.
- ⇒ Please have a supervisor check and initial each page for accuracy before submitting.
- ⇒ Once your orders are complete, e-mail or fax us the completed paperwork.
- ⇒ Call your service provider to review your order so that any incomplete items can be referenced before manufacturing of your interior.

Service Provider Information

Elevator Maintenance Co.: _____	Contract or P.O. #: _____
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____ e-mail: _____
Contact Name: _____	Contact Title: _____ Contact Phone: _____

Building Information

Building Type: <input type="checkbox"/> Medical <input type="checkbox"/> Residential <input type="checkbox"/> Office Building <input type="checkbox"/> Educational <input type="checkbox"/> Other: _____	
Building Name: _____	
Building Address: _____	
City, State, ZIP: _____	
Contact Name: _____	Contact Title: _____ Contact Phone: _____
Ship to: <input type="checkbox"/> Service Provider Address <input type="checkbox"/> Building Address	
<input type="checkbox"/> Pre-scheduled Delivery Required <input type="checkbox"/> Lift Gate Required for delivery	
Special Shipping Information: _____	

Supervisor's Initials: _____

Cab Information:

Please fill in all information as completely as possible to avoid delays in processing your order. The more complete your information, the better we can custom-fit your new elevator interior.

1. **Number of Identical Cabs:** _____

2. **Cab Type:** Passenger Freight

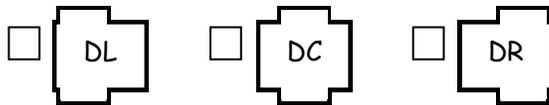
3. **Cab Construction:** Steel Wood Modular Other: _____

4. **Does your Cab have walls behind the existing decorative panels?** Yes No

CRITICAL!! We **MUST** know if your cab is frame-style for proper wall mounting.

5. **Cab Weight Capacity:** 2000lb. 2500lb. 3000lb. 3500lb. 4000lb. 4500lb.
 5000lb. Other lb.: _____

6. **Cab Design:** Please check below —



Please note:

Views are from the top, facing down. On double-door cabs, note the view from nearest the control panel.

7. **Door Type:** Please check below —

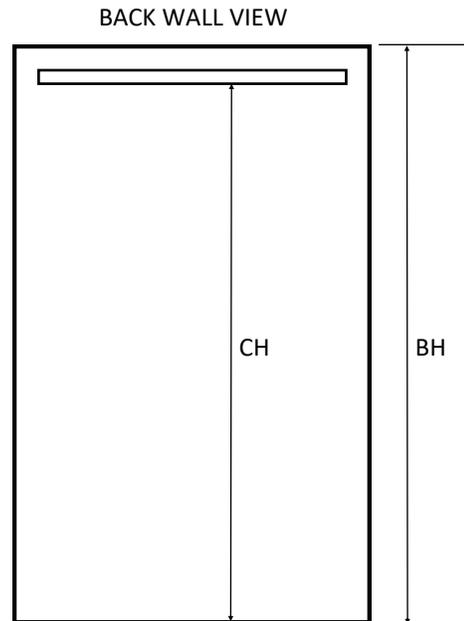
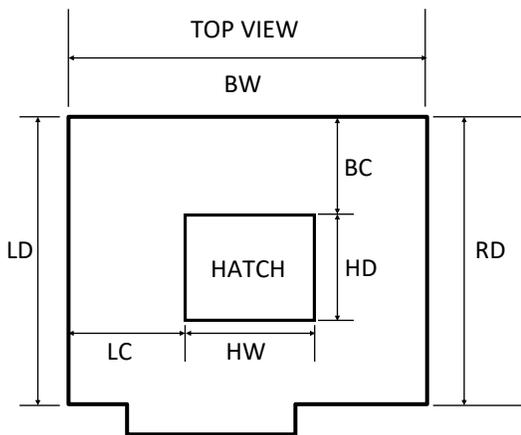


Supervisor's Initials: _____

8. Cab Dimensions & Emergency Hatch Location:

Please ensure that all measurements are taken from inside the actual cab; original drawings may not reflect the exact dimensions of the interior to be replaced.

Dimensions must be provided for the inside cab shell, with existing wall panels removed. Measurements should be exact to 1/16th of an inch.



Back Wall Width (BW): _____

Left Wall Depth (LD): _____

Right Wall Depth (RD): _____

Back Wall Height (BH): _____

Hatch Width (HW): _____

Back Clearance (BC): _____

Hatch Depth (HD): _____

Left Clearance (LC): _____

Ceiling Height (CH): _____

(Note: CH req'd if existing ceiling remains)

Notes:

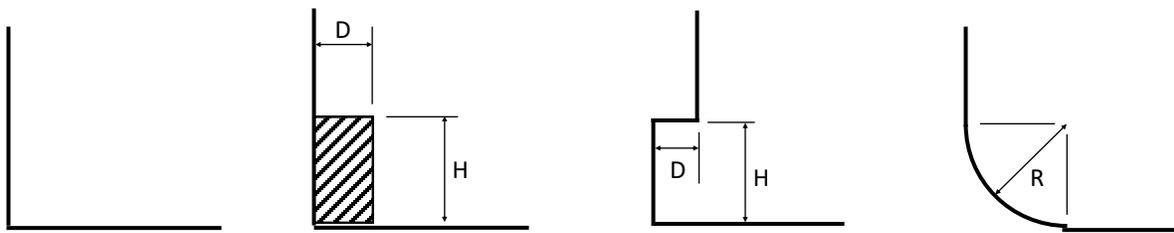
Supervisor's Initials: _____

10a. Vertical Cab Corner Design:

Are any of the vertical corners of your elevator radiused/curved? If yes, please explain in detail below:

10b. Existing Base Configuration:

Check the base below that most accurately details how base will look after all existing panels are removed.



- Flush Base
 Protruding Base
 Recessed Base
 Radius Base

Left Wall: Base Depth (D): _____ Base Height (H): _____ Base Radius (R): _____

Right Wall: Base Depth (D): _____ Base Height (H): _____ Base Radius (R): _____

Back Wall: Base Depth (D): _____ Base Height (H): _____ Base Radius (R): _____

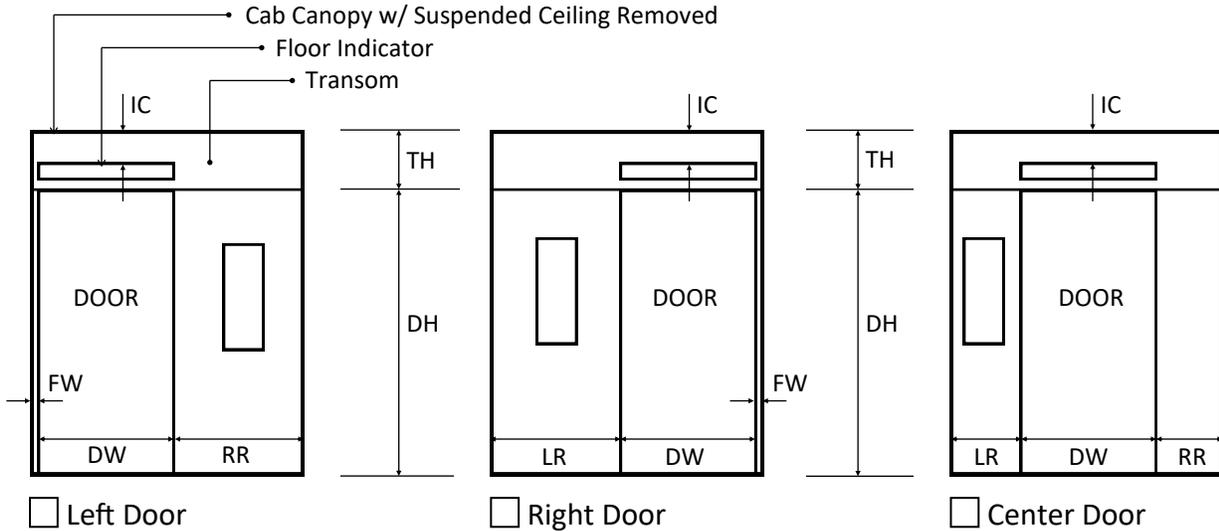
Please accompany any unsure measurements with digital photographs, so that our sales team can more precisely fit your new interior.

Notes:

Supervisor's Initials: _____

11. Front Wall Layout

Check the design that most accurately represents your cab's front (return) wall.



Transom Height (TH): _____ Door Height (DH): _____

Left Return Width (LR): _____ Right Return Width (RR): _____

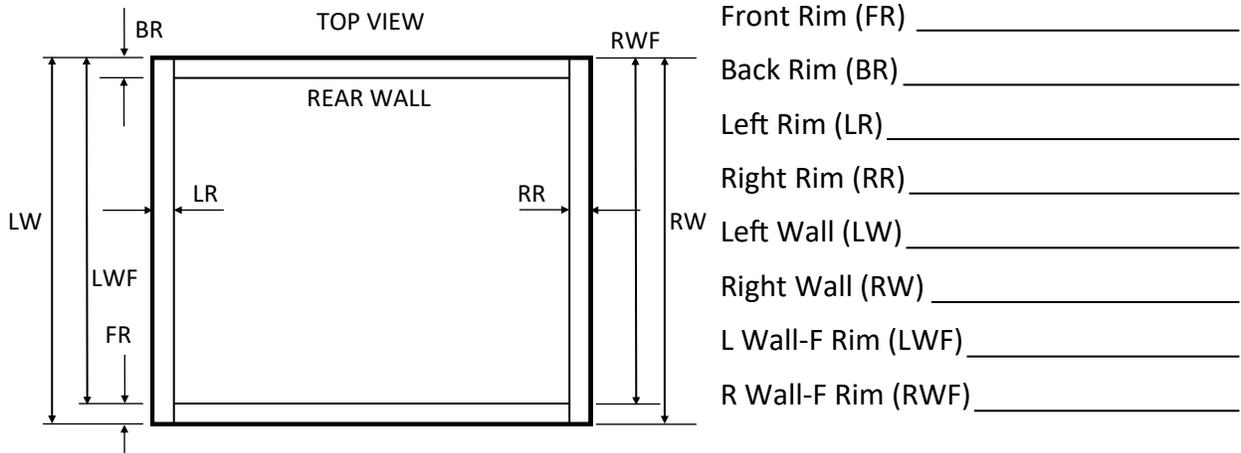
Door Width: (DW): _____ Doorframe Width (FW): _____

Indicator Clearance (IC): _____ Ctrl Panel On: Left Return Right Return

Helpful Tip: Digital photographs of the interior of your elevator can greatly assist in the manufacturing of your new interior. Please include them in your order!

12a. Protruding Rim Measurements

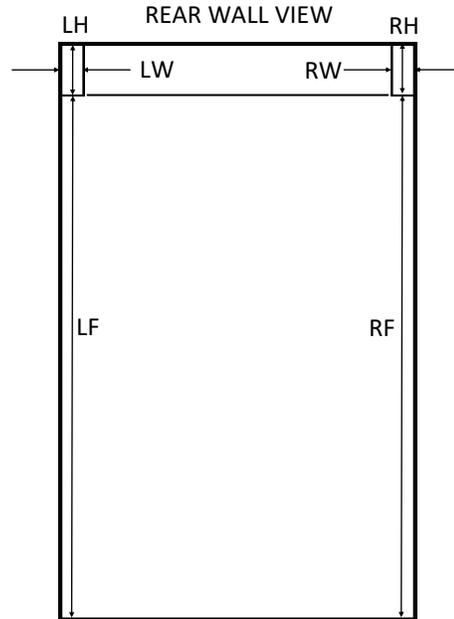
If no protruding rim exists on a particular wall, please write 'none' for that particular measurement.



Supervisor's Initials: _____

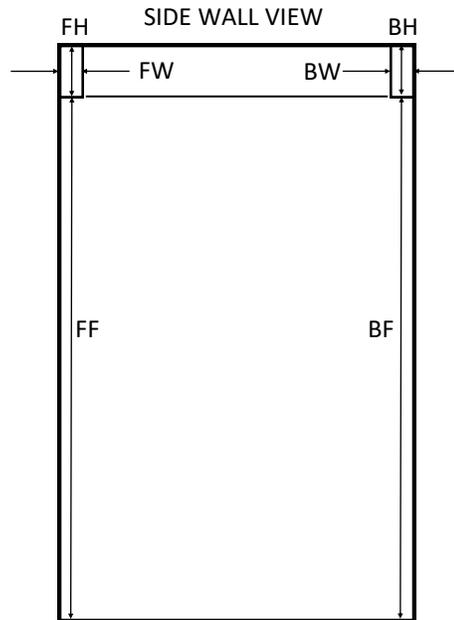
12b. Protruding Rim Measurements (rear wall)

Left Rim Height (LH) _____
 Left Rim Width (LW) _____
 Left Rim-Floor (LF) _____
 Right Rim Height (RH) _____
 Right Rim Width (RW) _____
 Right Rim-Floor (RF) _____



12c. Protruding Rim Measurements (side wall)

Front Rim Height (FH) _____
 Front Rim Width (FW) _____
 Front Rim-Floor (FF) _____
 Back Rim Height (BH) _____
 Back Rim Width (BW) _____
 Back Rim-Floor (BF) _____



Protruding Rim Notes:

Supervisor's Initials: _____

13. Existing Ceiling: IMPORTANT—PLEASE READ BELOW

The following information is required **only if you wish to preserve your existing ceiling configuration** with your new elevator interior. If you intend to purchase a new ceiling with your Quick Cab upgrade, disregard this section and move on to the next.

Proper measurements and information regarding your existing ceiling is critical for proper fitment of your Quick Cab interior. If the questions below do not specifically address the details of your unique installation, please contact our sales staff so that we can ensure your new Quick Cab interior installs quickly and easily.

Does your cab have a “doghouse”? Yes No

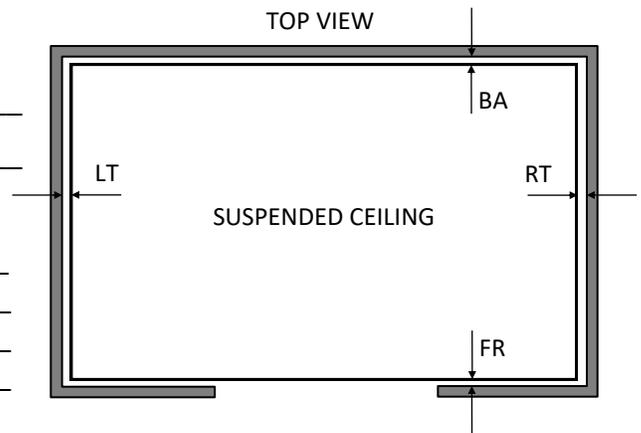
Does the new suspended ceiling emergency hatch need to be removable from inside the cab? (only required by code if machinery is located within the shaft, example: Otis Gen II) Yes No

Suspended Ceiling to Wall Clearances:

Left (LT): _____ Right (RT): _____

Back (BA): _____ Front (FR): _____

Special ceiling notes: _____



How is the existing ceiling hung? From Ceiling (13a) From Side Walls (13b) From Front/Back Walls (13c)

13a. Bracket Location — From Ceiling

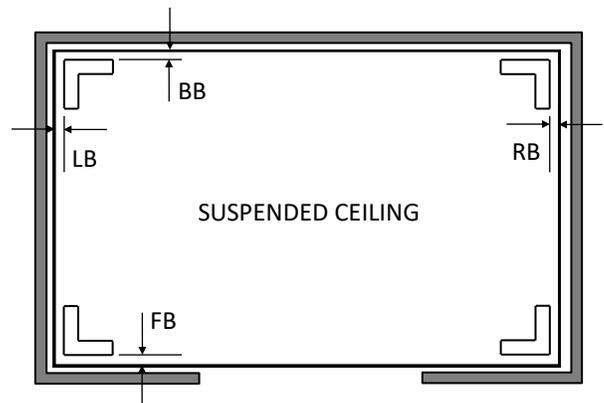
If the bracket is mounted flush with the edge of the ceiling on a particular side, please note the measurement as zero.

Left Bracket (LB): _____

Right Bracket (RB): _____

Front Bracket (FB): _____

Back Bracket (BB): _____



Supervisor's Initials: _____

13b. Bracket Location - From Side Walls

Left Wall

Lateral measurements are made from the rear of the cab.

Disregard this section if there are no brackets mounted on the left wall.

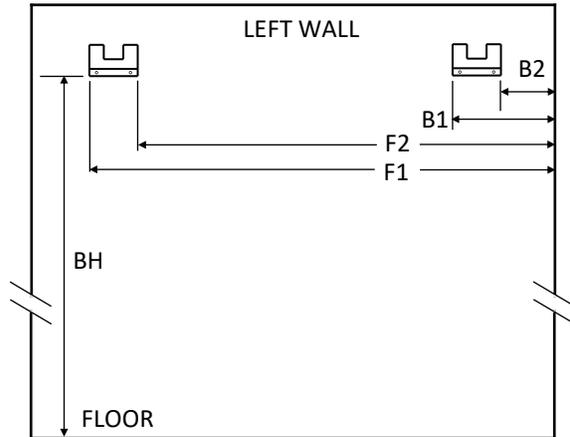
Front 1 (F1): _____

Front 2 (F2): _____

Back 1 (B1): _____

Back 2 (B2): _____

Bracket Height (BH): _____



Right Wall

Lateral measurements are made from the rear of the cab.

Disregard this section if there are no brackets mounted on the right wall.

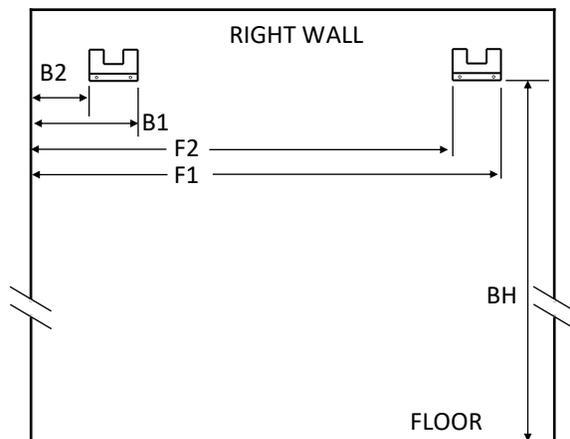
Front 1 (F1): _____

Front 2 (F2): _____

Back 1 (B1): _____

Back 2 (B2): _____

Bracket Height (BH): _____



Ceiling Bracket Notes:

Supervisor's Initials: _____

13c. Bracket Location - Front/Back Walls

Back Wall

Lateral measurements are from the right wall of the cab.

Disregard this section if there are no brackets mounted on the back wall.

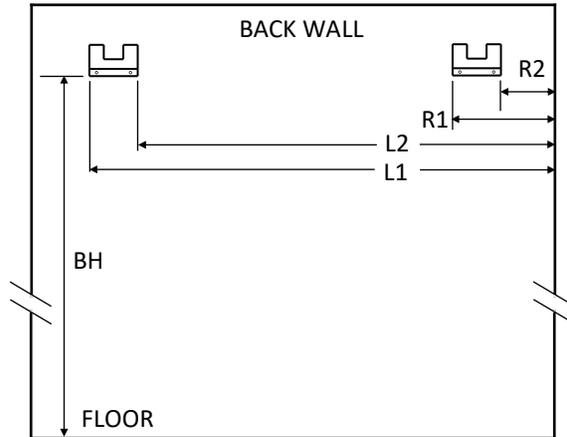
Left 1 (L1): _____

Left 2 (L2): _____

Right 1 (R1): _____

Right 2 (R2): _____

Bracket Height (BH): _____



Front Wall

Lateral measurements are from the right wall of the cab.

Disregard this section if there are no brackets mounted on the front wall.

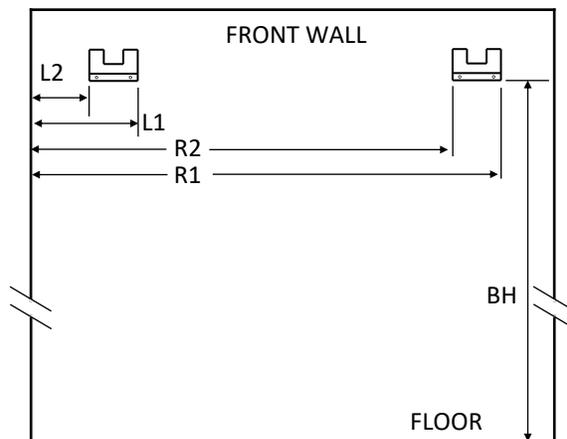
Front 1 (F1): _____

Front 2 (F2): _____

Back 1 (B1): _____

Back 2 (B2): _____

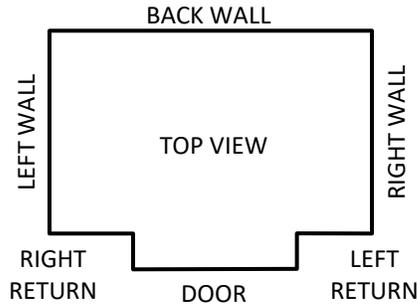
Bracket Height (BH): _____



Ceiling Bracket Notes:

Supervisor's Initials: _____

14. Choose Desired Upgrade Options:



- Back Wall
- Left Wall
- Right Wall
- Left Return Wall
- Right Return Wall

Please note when marking return walls: Left/Right Reference is made from inside the cab, looking out. See reference drawing for clarification.

15. Choose Design Style And Layer Materials

Cab Design Style: _____

Level 7: (Frieze) _____

Level 6: (Upper or Crown Panel) _____

Level 5: (Upper Panel) _____

Level 4: (Upper Panel) _____

Level 3: (Handrail Backer) _____

Level 2: (Lower Panel) _____

Level 1: (True Vent Base) _____

16. Specify Additional Notes / Concerns

Please use this additional space to note any non-standard details about the cabs to be upgraded. Attach photographs here, or send scanned images/digital photos to our sales team: sales@quickcabs.com — Reference your company's name in the e-mail subject line so that we can assure the photos are placed with your file.

Supervisor's Initials: _____