

Surveyer Name: _____ Phone: _____ Date: _____

Building/Customer Information	
Building/Job Name: _____	
Building Address: _____	
City, State, ZIP: _____	
Contact Name: _____ 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 <input type="checkbox"/> 24 HR Notice	
Special Shipping Information: _____	

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 Shell Construction: Steel Wood Modular (skeleton)

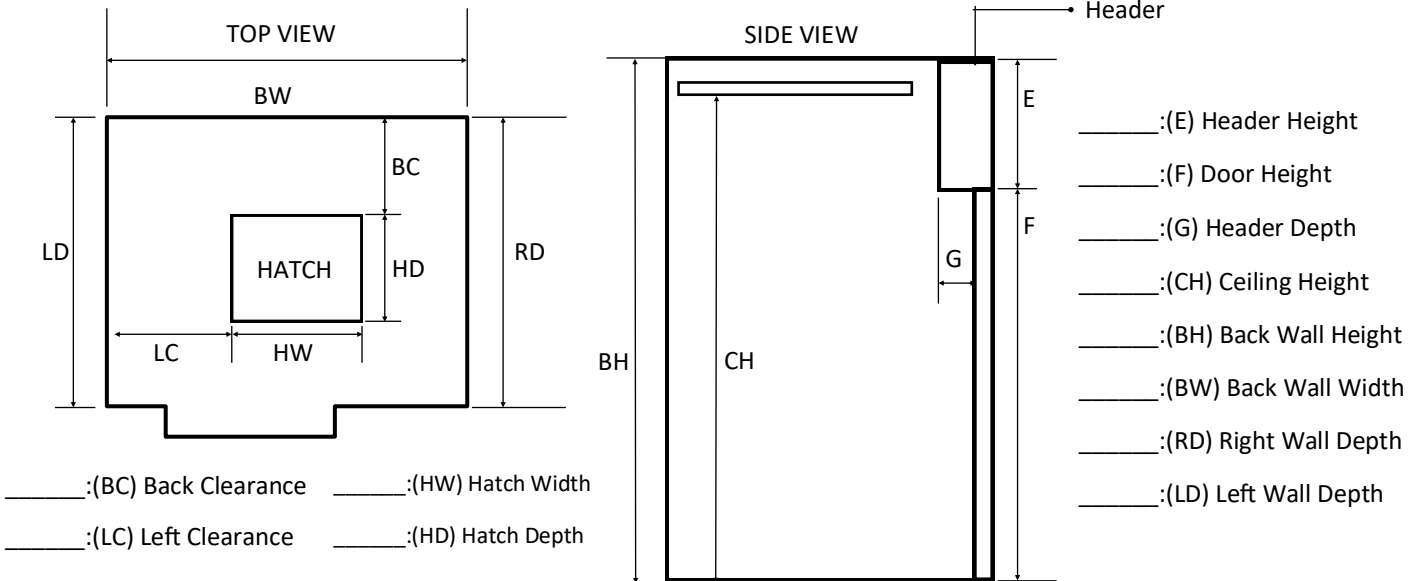
CRITICAL!! We MUST know if your cab is modular for proper wall mounting.

3. Cab Weight Capacity: _____

4. Cab Layout: SL SC SR DL DC DR

Cab Dimensions & Emergency Hatch Location:

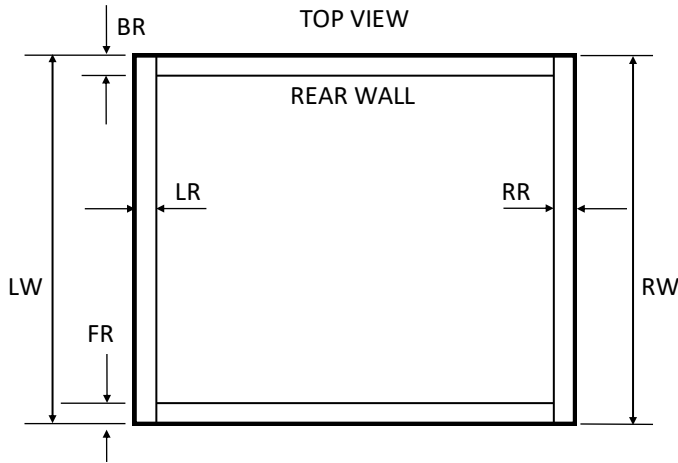
Please ensure that all measurements are taken from inside the actual cab with existing wall panels removed. Measurements should be exact to 1/16th of an inch.



Supervisor's Initials: _____

Protruding Rim Measurements:


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



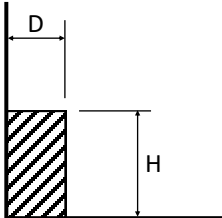
Front Rim (FR) _____
 Back Rim (BR) _____
 Left Rim (LR) _____
 Right Rim (RR) _____
 Left Wall (LW) _____
 Right Wall (RW) _____

Existing Base Configuration:

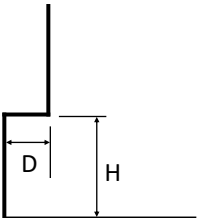
Check the base below that most accurately details how base will look after existing panels are removed.



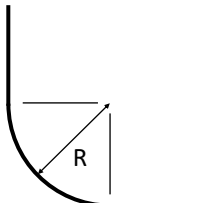
Flush Base



Protruding Base



Recessed Base



Radius Base

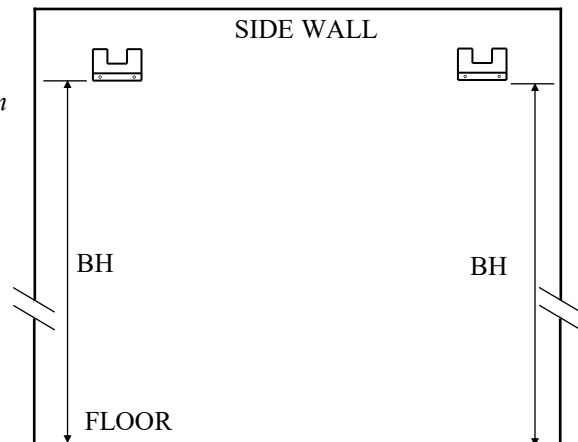
Base Depth (D): _____ Base Height (H): _____ Base Radius (R): _____

Existing Ceiling:

Check here if existing drop ceiling will remain. Is it side mounted? No Yes

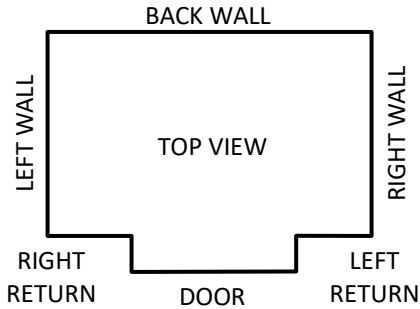
Disregard this section if there are no brackets mounted on the side wall.

Bracket Height (BH): _____



Supervisor's Initials: _____

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.

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 the "Job Name" in the e-mail subject line so that we can assure the photos are placed with your file.

Supervisor's Initials: _____