## **EVALUATION/ORDER FORM**





| Quote Order   |  |                                      |   |  |
|---|--|--------------------------------------|---|--|
| Date:   |  | Account Number:                      | Account Number:   |  |
| Sales Representative:   |  | Projected Close Date:                |   |  |
| Dealer Name:  |  | Purchase Order Number:               |   |  |
| Address:  |  | <br>Ship To Address:                 |   |  |
| City:   | State: Zin:  | <del></del>                          |   |  |
| Phone:  |  |                                      |   |  |
| Email:  |  |                                      |   |  |
|   |  | Opportunity Reference /              |   |  |
| Shipping Method: Pick-Up  | Common Carrier   |                                      |   |  |
| F   | OR INDOOR RESIDENTIA   | L MANUAL WHEELCHAIR US               | E ONLY  |  |
| RISE  Clear Width between Baseboards  (Staircase)               | from use of step  Average Tru  Staircase Rise measured between top surfaces of treads  Total # of Risers:  6" Side Guard with Slot to fold platfor when not in use | Standalone Post                      | Automatic Ram Folds Down at Upper Landing  Lower Rail Posts Anchor to Stair Tread |  |
| MEASUREMENTS  |  |                                      |   |  |
|   | op landing diagonally to bottom  | n floor                              |   |  |
|   |  | posite wall (minimum 60" required f  | or lift inlus turning space)  |  |
|   |  | ttom riser: inches                   | or int, plus turning space,   |  |
| List any other risers that differ                               | _  | inches Riser #:                      | inches Please provide sketch of   |  |
| in height. (Provide sketch of stairs and measurements on pg. 2) |  | inches Riser #:                      | stairs and measurements   |  |
| , ,   |  | e to stairs (minimum 85") - NOTE all |   |  |
| STAIRCASE WIDTH   |  |                                      |   |  |
| <b>F to G</b> - Inches wall to                                  | wall / end of step   |                                      |   |  |
|   | aseboard J - Inch  | thickness of baseboard               |   |  |
|   |  |                                      |   |  |

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Sign Name:

Sierra IL500

| PLATFORM (Select one)  | WALL TYPE FOR HORIZONTAL MOUNTING (Select one)  |  |  |
|--|---|--|--|
| 25" x 36" (standard - requires 35" minimum stair width*)   | Wood Stud   |  |  |
| 27.5" x 36" (requires 37" minimum stair width*)  | Metal   |  |  |
| 27.5" x 36" 90° enter/exit (requires 42" minimum stair width)  | Masonry   |  |  |
| 27.3 X 30 70 CHEEF CARE (requires 42 minimum stall width)  | Other Standard mounting hardware kit is for wood studs only. Other mounting options must be supported and supplied by dealer. |  |  |
| * If free standing posts, add 2 $\frac{1}{2}$ "  |   |  |  |
| CHAIR INFORMATION  | STAIR DRAWING   |  |  |
| Manual Wheelchair  |   |  |  |
| Make:  |   |  |  |
| Model:   |   |  |  |
| Length:  |   |  |  |
| Width:   |   |  |  |
| OPTIONS  |   |  |  |
| Keylock (unit only)  |   |  |  |
| APPLICATION (Select one)   |   |  |  |
| Wall Mount   |   |  |  |
| Free Standing  |   |  |  |
| If free standing, # post kits  |   |  |  |
| Post kits are required every other step  |   |  |  |
| ORIENTATION FROM BOTTOM  |   |  |  |
| Right hand   |   |  |  |
| Left hand  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| ADDITIONAL INFORMATION   |   |  |  |
| VISIBLE DAMAGE: You must note any visible damage on the freight inspection immediately to see what other damage may be concealed.  |   |  |  |
| <b>CONCEALED DAMAGE:</b> If no damage is evident upon receipt of p call the freight company immediately to report concealed damage.  | roduct, but is found later (within 48-hours), stop what you are doi   |  |  |
| Pictures of the damage are great support in any freight claim and a your ability to be reimbursed for any damage in transit.  We have personnel available to assist with this process Monday - F |   |  |  |
| Thank you for your business.   |   |  |  |
| I have read and understand the above:  |   |  |  |
| Date:  |   |  |  |
| Print Name:  |   |  |  |