ESCALATOR EMAIL ENQUIRY FORM

If previously quoted, please state the quote number below
If not previously quoted, please leave blank

EXPECTED START DATE:.....

DATE: ..... QUOTATION NO. GIVEN: ..... CONTACT NAME: .....

COMPANY NAME & ADDRESS & POSTCODE: .....

.....

TELEPHONE NO: ..... MOBILE: .....

E-MAIL ADDRESS: .....

COMPANY REG NO: ..... VAT NO: .....

SITE ADDRESS (Inc POSTCODE): .....

.....

SITE CONTACT: ..... MOBILE: .....

ANY OTHER RELEVANT INFORMATION: .....

.....

.....

DIGITAL PHOTOS OR DRAWINGS AVAILABLE? .....
If yes, please attached when responding back via email

ESCALATOR DESCRIPTION:

NO. ..... ESCALATORS

If more than 1 escalator, are they all to removed / installed at the same time? Yes / No

If No, timescale for others: .....

OCCUPIED BUILDING? .....
NORMAL WORKING HOURS? .....
(If outside normal working hours, please state the expected working hours)