TELEPHONE 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? .....

LIFT REMOVAL DESCRIPTION:

NO. ..... GOODS / PASSENGER NO. OF FLOORS: ..... (B G 1 2 3 4 5 6 7 8 9 10)

If more than 1 lift, are all to be removed at same time ? Yes / No

If No, timescale for others: ..... SHAFT: (Closed / Single or Communal)

If Duplex or Triplex, are they interconnected: .....

MOTOR ROOM (Top/ Bottom) TYPE: (HYDRAULIC/TRACTION) LIFTING BEAMS? .....

TRAP? ..... ARCHITRAVES TO REMAIN? ..... OCCUPIED BUILDING? .....

NORMAL WORKING HOURS?..... ITEMS TO REMAIN: .....