



INFINITY CURVED STAIRLIFT ORDER FORM

Telephone# 828-696-8005 / Email: LiftGuys@gmail.com

PAYMENT TERMS:

50% DOWN PRIOR TO ORDER BEING PUT INTO PRODUCTION / BALANCE DUE PRIOR TO DELIVERY

Email completed order form to: LiftGuys@gmail.com or FAX it to us at: 828-697-7267

DEALER NAME: _____	Delivery Address (<u>write on next page</u>)
BILLING ADDRESS: _____	Please choose from the following delivery options:
CITY: _____	<input type="checkbox"/> Deliver to Business (commercial building)
STATE: _____	<input type="checkbox"/> Deliver to Residence (includes business operated from home)
ZIP CODE: _____	Is a lift-gate required for delivery?
PERSON ORDERING: _____	<input type="checkbox"/> Yes PLEASE NOTE:
PHONE NUMBER: _____	<input type="checkbox"/> No Delivery to a residence and / or lift-gate may incur additional charges
EMAIL ADDR: _____	CUSTOMER NAME
	Who is the person that our freight company will contact to schedule delivery?
	Contact Person: _____
	Phone Number: _____
FREIGHT CHARGES: <i>If you require more than 7 meters or 23 feet of rail, you will incur additional freight charges due to the increase in length and weight of rail.</i>	

Return Policy & Warranty: Because all of our products are custom built and custom painted to fit your needs, all sales are final. No returns or exchanges are allowed. However, if there is a problem with your product our manufacturer will work with you to resolve any problems. **Cancellation of an order must be done within 2 days (48 hrs.) of signing off on the drawings in order to receive a refund.** If a cancellation is not received within 2 days then no refund can be given as the order will be in production. **Standard warranty includes 2 years on parts and 5 years on the drive-train.**

By your signature below, you state that you are in agreement with the Payment Terms as stated above.

Authorized Dealer Signature: _____

Date: _____

Print Name: _____

Dealer's signature is also required on the 2nd page of INFINITY'S Order Form

Infinity Order Form

Distributor Name		Dealer Name	Date of Order
Precision Stairlifts			
Order Name			Delivery/Installation Address
Order Number			
Photo Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Camera Serial			

Installation Side		Vinyl Seal Colour	Rail Colour
	L <input type="checkbox"/>		R <input type="checkbox"/>
		Beige (Standard) <input type="checkbox"/>	RAL 9010 Standard <input type="checkbox"/>
Toggle Side	L <input type="checkbox"/> R <input type="checkbox"/>	Please check the box on the right if this is your first Bespoke Order. The Manufacturer will send with your first order the Bespoke Installation Kit that you will be able to use on all of your Bespoke Installations. Note: There is a one-time cost for this Installation Kit.	
Powered Swivel	Y <input type="checkbox"/> N <input type="checkbox"/>		
Seatbelt Type		Footcovers	Special RAL No. _____ Ask For Price
Lap Belt <input type="checkbox"/>	Retractable <input type="checkbox"/>	No (Standard) <input type="checkbox"/>	Yes (Additional Cost) <input type="checkbox"/>
Lower Rail Start		Upper Rail Finish	
	90° Bend <input type="checkbox"/>		Drop Start Minimum 300mm <input type="checkbox"/>
	180° Bend <input type="checkbox"/>		Horizontal Overrun Length _____
	Standard Minimum 400mm		Special Bends: Please Advise _____
			90° Bend <input type="checkbox"/>
			180° Bend <input type="checkbox"/>
			Horizontal Overrun Length _____
			Standard Finish <input type="checkbox"/>
		Stair Material	

Please Contact Precision Stairlifts at 828-696-8005 or email us at; **LiftGuys@gmail.com** if you have any questions regarding your survey.

Order Confirmation

Order Name: _____
 Dealers Name: _____
Dealers Signature: _____
 Date: _____

No.	Riser Height	External Tread Depth	Internal Tread Depth	Flight 1 Flight 2 Flight 3 Flight 4				
1				No. of Risers				
2								
3				Flight Angle eg 45°				
4								
5				Minimum Width				
6								
7				First Riser Height				
8								
9				Total Vertical				
10								
11				Total Horizontal				
12								
13				Pitch Length				
14								
15				Stringer Width <input type="checkbox"/>				
16								
17				Cill/Handrail Width <input type="checkbox"/>				
18								
19				Radiator Width <input type="checkbox"/>				
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

Extra Charge Points	
Riser Number	
Intermediate Landing	
Total	

Distance to	Bottom	Top
Radiator		
Door		
Furniture		

Company Name	Order Reference



User Details	
A	
B	
C	
D	
Height	
Weight	