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\bigcirc	Purchase Order
\bigcap	Request for Quote

1. GENERAL INFORMATION

1.1 Dealer Information				
Dealer Name				
Date (MM/DD/YY)				
Address				
City				
Province/State				
Postal Code				
Email				

1.3 Project

Purchase Order# Project Name/Reference

1.2 Shipping Information

Contact
Phone
Address
City
Province/State
Postal Code/ZIP

1.4 Type of Delivery

Pick-up at Terminal	Onsite Forklift
O Loading Dock	Flatbed and Forklift
Liftgate - Ground Delivery	O Pick-up AMG Facility

2. USER DETAILS

2.1 USER DETAILS

TYPE OF STAIR LIFT STANDARD ○ HEAVY DUTY Can hold up to 275lbs Can hold up to 350lbs

Carriold up to 27 Sibs	Cann	old up to obolbs
	USER 1 USER 2	(c)
SEAT TO HEAD (a)		
SEAT TO FLOOR (b)		(a)
BACK TO KNEE (c)		
BACK TO TOE (d)		
WEIGHT		(b)
NONE PROVIDED	0	(d)-

 * User assessments are provided by company representative and AmeriGlide hold no responsibility for the information provided, nor the mobility of the user.

3. SITE DETAILS

MULTI USER	<u>O</u>
NUMBER OF USERS	
STAIR CONSTRUCTION	
UNDERFLOOR HEATING	
OTHER	

4. RAIL DETAILS

4.1 INSTALLATION SIDE

LEFT RIGHT

4.2 RAIL COLOR

NONE (if carriage only) RAL 9010 (white) RAL 8011 (brown) UNPAINTED

4.3 FOOT COVERS

YES ○ NO

4.4 WALL BRACKETS

○ YES O NO

4.5 LOWER RAIL START











LENGTH

INFINITY STAIR LIFT

4.6 UPPER RAIL FINISH









^{*}Please note special bends on survey sheet*

Please no	te special	bends	on	survey	sheet

4.7 BULKHEAD	RISER	HEIGHT
NUMBER 1		
NUMBER 2		
NUMBER 3		

4.8 EXTRA CHARG	GE POINTS	RISER NO.
NUMBER 1		
NUMBER 2		
NUMBER 3		

5. CARRIAGE DETAILS

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5.1 CARRIAGE TYPE	5.2 ARMREST CONTROL SIDE	5.3 SWIVEL TYPE	5.4 LOADING BAR/INSTALLATION TOO		
○ INFINITY	LEFT	MANUAL	*Recommended for First Order*		
RAIL ONLY	RIGHT	OPOWERED	YES		
			○ NO		
5.5 COLOR					



ORIGINAL





BROWN





RED

 ${\it NOTE: Original (beige) is the standard color option. Other colors could require extra charges.}$

6 EXTRA REMOTE CONTROLS	5.7 SEATBELT TYPE	5.8 CUSTOMER NOTES
<i>t</i> :	RETRACTABLE	
	5-POINT HARNESS (ADULT)	
	5-POINT HARNESS (KID)	

INFINITY STAIR LIFT

6. SURVEY DETAILS

6.1 SURVEY TYPE

RISER NUMBER	RISER HEIGHT	EXTERNAL TREAD DEPTH	INTERNAL TREAD DEPTH
1			
2			
3			
4			
5			
6			

○ MANUAL ○ DXF / DWG ○ PHOTOSURVEY

4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

	FLIGHT 1	FLIGHT 2	FLIGHT 3	FLIGHT 4
1. No. of Risers				
2. Minimum Width				
3.Total Vertical				
4. Total Horizontal				
5. Pitch Length				

 \star If survey type is 'Photosurvey' and a spiral rail is required, please complete the riser table (left) and rows 1, 2 and 3 in the above table.

DISTANCE TO BOTTOM OBSTRUCTION
DISTANCE TO TOP OBSTRUCTION
MAXIMUM LEFT HAND OBSTRUCTION
MAXIMUM RIGHT HAND OBSTRUCTION

mm
mm
mm
mm

6.2 SURVEY NOTES

20

21

22

25 26

INFINITY STAIR LIFT

7. MANUAL SURVEY SHEET			