

Client: _____

Address: _____

City/State: _____

Contact: _____

Phone: _____

Email: _____

o2w Contact:

Email: _____

Phone: _____

Loading dock available: ☐ Y ☐ N

Delivery site can accept 53' trailer: ☐ Y ☐ N

Restricted hours of use: ☐ Y ☐ N

Receiving hours:

Delivery made to which floor: _____ Floor(s)

☐ One room ☐ Multiple rooms

Access to freight elevator: ☐ Y ☐ N

Access to passenger elevator: ☐ Y ☐ N

Customer to remove existing furniture: ☐ Y ☐ N

o2w/Installer to remove existing equip: ☐ Y ☐ N

Dumpster provided by customer: ☐ Y ☐ N

Single phase installation: ☐ Y ☐ N

Multiple phase installation: ☐ Y ☐ N

If multiple phase, please describe:

Anchor product: ☐ Y ☐ N

If yes, please describe:

Insurance Cert. ☐ Y ☐ N

If yes, please describe:

Non-Union labor: ☐ Y ☐ N

Union/Prevailing Wage labor: ☐ Y ☐ N

Security clearance required: ☐ Y ☐ N

Additional information:

Wall Receptacle(s): ☐ Y ☐ N

Floor Receptacle(s): ☐ Y ☐ N

Ceiling: ☐ Y ☐ N

Additional information:

Comments or additional information:

[illegible]