

Datum Installation Quote Request

Site Location Information

Company Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Site Contact Information

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Cell: _____

Email: _____

Site Conditions (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> High Security Building | <input type="checkbox"/> Cert Of Insurance Property Mgmt. |
| <input type="checkbox"/> Union Building | <input type="checkbox"/> Cert Of Insurance Landlord |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Cert Of Insurance End User |
| <input type="checkbox"/> Floor Protection | <input type="checkbox"/> Permits Required |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Over 50 Yard Push |
| <input type="checkbox"/> Wall Protection Elevator | <input type="checkbox"/> No Loading Dock |
| | <input type="checkbox"/> Street Offload |

Elevator Size (in inches):

W _____ D _____ H _____

Elevator Door Size

W _____ H _____ # of Steps (12 steps = 1 flight): # of Flights:

Other Text:

Estimated Ship Date: _____

Project Type:

- Receive/Deliver/Install/Remove Trash
- Receive at Site (meet truck)/Install/Remove trash
- Product at Site/Install/Remove Trash
- Service Call/Maintenance
- Relocation/Reconfiguration
- Appointment Needed Prior to Delivery
- Time Limit for Use of Loading Dock (If yes, explain in Project Details below)

Project Details

Quote Assumes the following Project Conditions (unless specified differently):

- **Delivery & Install During Regular Business Hours (M-F 8am-5pm)**
- **Exclusive use of Loading Dock and Elevator**
- **The installation area is clear of personnel, existing furniture and any objects that may impede delivery/installation.**
- **No Steps**
- **Less than 50-yard push from loading dock to installation site**
- **Non-Union Labor**
- **No disconnection/reconnection of electrical hardware, phone or cable required**

Additional Details (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> After Business Hours Delivery | <input type="checkbox"/> Active Construction Site |
| <input type="checkbox"/> After Business Hours Install (Night/Weekend) | <input type="checkbox"/> Safety Equipment / PPE Required |
| <input type="checkbox"/> Site Visit prior to quoting | <input type="checkbox"/> Escort Needed During Installation |
| <input type="checkbox"/> Non-Exclusive use of Elevator (reserved? Y /N) | <input type="checkbox"/> Safety Training is Required Before Installation |
| <input type="checkbox"/> Moving of Existing Furniture (Please elaborate) | <input type="checkbox"/> Completion Photos Required |
| <input type="checkbox"/> Union Labor Required | <input type="checkbox"/> Permits Required |
| <input type="checkbox"/> Floor Protection (masonite) | <input type="checkbox"/> Deliver to more than one building on site. |
| <input type="checkbox"/> Wall or Elevator Protection | <input type="checkbox"/> Special Labor laws/restrictions apply, including, but not limited to, Davis Bacon Act, Jessica Lunsford Act, Certified payroll, Prevailing Wage |
| <input type="checkbox"/> Government Building / Building with Security Requirements | |

***Is a floor plan available to determine route for placement of items? Y___ N___ if yes please provide.**

If you have additional conditions for this project that are not listed above, please describe it below:
